

**N174000001041**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

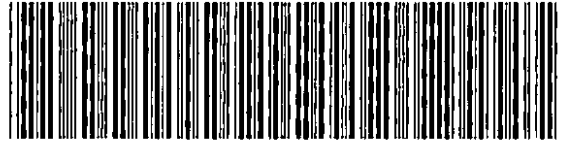
(Business Entity Name)

(Document Number)

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12/28/23--01004--017 \*\*70.00

2023 DEC 28 PM 4: 34  
SECTION OF STATE  
TALLAHASSEE, FL

**Articles of Incorporation**  
**For**  
**GREATER MEDLEY CHAMBER OF COMMERCE, INC.**

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation,  
hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:  
GREATER MEDLEY CHAMBER OF COMMERCE, INC.

**Article II**

The principal place address of business:  
7777 NW 72<sup>ND</sup> AVENUE  
MEDLEY, FLORIDA 33166

The mailing address of business:  
7777 NW 72<sup>ND</sup> AVENUE  
MEDLEY, FLORIDA 33166

**Article III**

The specific purpose for which this corporation is organized is:  
TO SERVE AS THE LEADING PRO-BUSINESS ASSOCIATION ORGANIZED FOR THE  
FUTURE ECONOMIC GROWTH IN MEDLEY AND SURROUNDING COMMUNITIES IN  
MIAMI-DADE COUNTY, AND TO ENGAGE IN ANY, AND ALL OTHER ACTIVITIES  
PERMITTED UNDER THE SECTION 501(C)(6) OF THE IRS INTERNAL REVENUE CODE  
(IRC).

**Article IV**

The specific manner, in which directors are elected or appointed, is:  
AS PROVIDED FOR IN THE BYLAWS

**Article V**

The name and Florida street address of the registered agent is:  
MICHAEL A PIZZI JR  
7777 NW 72<sup>ND</sup> AVENUE  
MEDLEY, FLORIDA 33166

**Article VI**

The name and Florida street address of the incorporator is:

MICHAEL A PIZZI JR  
7777 NW 72<sup>ND</sup> AVENUE  
MEDLEY, FLORIDA 33166

**Article VII**

The initial officer(s) and/or directors of the corporation is/are:

Title: P

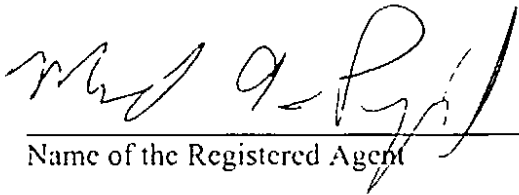
MICHAEL A PIZZI JR  
7777 NW 72<sup>ND</sup> AVENUE  
MEDLEY, FLORIDA 33166

**Article VIII**

The effective date of this corporation shall be:

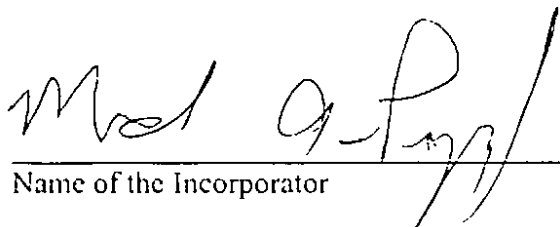
THE DATE THIS CORPORATION SHALL BE FILED WITH THE DIVISION OF CORPORATION.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Name of the Registered Agent

12/21/2023  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Name of the Incorporator

12/21/2023  
\_\_\_\_\_  
Date

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SECURITIES DIVISION  
TALLAHASSEE, FL

FILED