

N24000003695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

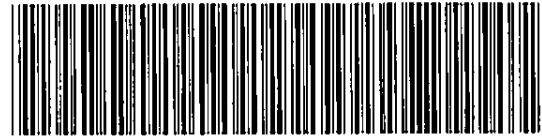
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA
2024 MAR -7 PM 2:05

2024

PM 3:4

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 03/07/2024

NAME: CAPMAIGN ACCOUNT OF WALLACE ARISTIDE, INC

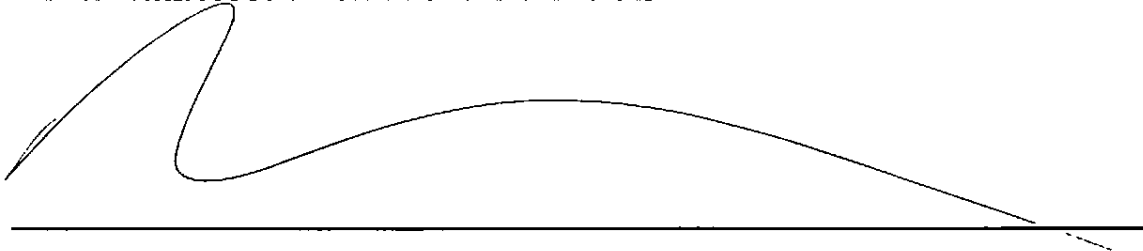
TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2024

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: CAMPAIGN ACCOUNT OF WALLACE ARISTIDE, INC
Ref. Number: W24000038382

We have received your document for CAMPAIGN ACCOUNT OF WALLACE ARISTIDE, INC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 124A00005109

Please keep original filing date

Thank you

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2024 MAR 13 PM 1:11
TALLAHASSEE
STATE

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: ACCOUNT OF WALLACE ARISTIDE CAMPAIGN 107, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: LEN JOHNSON
Name (Printed or typed)

3600 S STATE RD 7, SUITE 38
Address

MIRAMAR, FL 33023
City, State & Zip

(305)318-1007
Daytime Telephone number

Lmj@accountant.com
E-mail address: (to be used for future annual rer

NOTE: Please provide the origi

COVER LETTER

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Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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Filing Fee,
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& Certificate

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FROM: LEN JOHNSON

Name (Printed or typed)

3600 S STATE RD 7, SUITE 38

Address

MIRAMAR, FL 33023

City, State & Zip

(305)318-1007

Daytime Telephone number

Lnj@accountant.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: ACCOUNT OF WALLACE ARISTIDE CAMPAIGN 107, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: <u>3600 S STATE RD 7</u> <u>SUITE 38</u> <u>MIRAMAR, FL 33023</u>	Mailing address, if different is: <u>SAME</u>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN FUNDRAISING AND MANAGING CAMPAIGN FUNDS FOR THE SOLE PURPOSE OF POLITICAL CANDIDATE RUNNING FOR OFFICE OF STATE REPRESENTATIVE

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>SAMUEL JOHNSON Jr, PRESIDENT</u> Address: <u>5720 NW 17TH AVE</u> <u>MIAMI, FL 33143</u>	Name and Title: <u>MICKAEL JEAN, DEP TREAS</u> Address: <u>1293 NE 143RD STREET</u> <u>MIAMI, FL 33161</u>
Name and Title: <u>WULNA GUILLAUME, VP</u> Address: <u>17540 NW 13TH CT</u> <u>MIAMI, FL 33169</u>	Name and Title: _____ Address: _____
Name and Title: <u>LENWORTH JOHNSON, TREAS</u> Address: <u>1461 SW 97 AVE</u> <u>PEMBROKE PINES, FL 33025</u>	Name and Title: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JOHNSON & ASSOCIATES _____

Address: 3600 S STATE RD 7, STE 38 _____

MIRAMAR, FL 33023 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LEN JOHNSON _____

Address: 3600 S STATE RD 7, STE 38 _____

MIRAMAR, FL 33023 _____

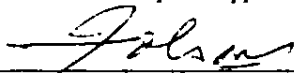
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

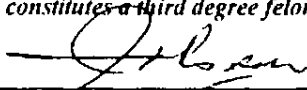


Required Signature of Registered Agent

03/03/2024

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature of Incorporator

03/03/2024

Date

2024

FILED