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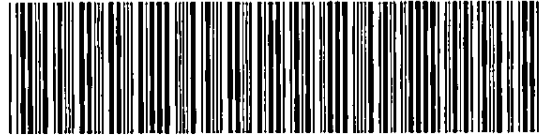
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DATE: 11/05/2024

**NAME: ACCOUNT OF WALLACE ARISTIDE REELECTION CAMPAIGN
107, LLC**

TYPE OF FILING: ARTICLES

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: ACCOUNT OF WALLACE ARISTIDE REELECTION 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

DEPARTMENT OF STATE
TALLAHASSEE, FL

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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

Lmj@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 REELECTION CAMPAIGN 107, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3600 S STATE RD 7

Mailing address, if different is:

SAME

SUITE 38

MIRAMAR, FL 33023

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: _____

Directors are elected and appointed as stated in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICKAEL JEAN, PRESIDENT Name and Title: _____

Address: 1293 NE 143RD STREET Address: _____
MIAMI, FL 33161

Name and Title: LENWORTH JOHNSON, TREASURER Name and Title: _____

Address: 1461 SW 97 AVE Address: _____
PEMBROKE PINES, FL 33025

Name and Title: WALLACE ARISTIDE, DEPY TREASURER Name and Title: _____

Address: 333 NW 159TH STREET Address: _____
MIAMI, FL 33169

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

FILED

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 ACCOUNTING LLC

Address: 3600 S STATE RD 7, SUITE 38

MIRAMAR, FL 33023

ARTICLE VII INCORPORATOR

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

Name: JOHNSON & ASSOCIATES ACCOUNTING LLC

Address: 3600 S STATE RD 7, SUITE 38

Miramar, FL 33023

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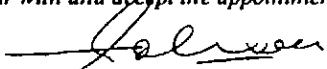
ARTICLE VIII EFFECTIVE DATE:

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

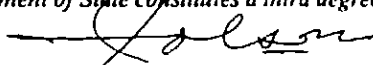


Required Signature/Registered Agent

09/26/2024

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.



Required Signature/Incorporator

09/26/2024

Date