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Requestor's Name

EDGAR POCKET
8038 Laurel Tree Drive
Orlando, FL 32819

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*****87.50 *****87.50

Office Use Only

NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
99 SEP -9 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

SH 10/12



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 15, 1999

EDGAR POUCHET
8038 LAUREL TREE DR.
ORLANDO, FL 32819

SUBJECT: ORLANDO CARIBBEAN MASQUERADERS ASSOCIATION INC
Ref. Number: W99000021197

We have received your document for ORLANDO CARIBBEAN MASQUERADERS ASSOCIATION INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The constitution is not filed in our office please retain for your files.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

The document must have original signatures.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Shannon Thompson
Document Specialist

Letter Number: 399A00045379

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

FOR

ORLANDO CARIBBEAN MASQUERADERS ASSOCIATION INC.

The undersigned acting in corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of incorporation:

ARTICLE 1 NAME

The name of the corporation shall be Orlando Caribbean Masqueraders Association Inc.,.

ARTICLE 11

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of the corporation shall be:
8038 Laurel Tree Drive
Orlando, Florida 32819

ARTICLE 111 PURPOSE

The specific purpose(s) for which the corporation is organized, are as set forth in the Constitution. The corporation further will enrich the social, cultural and educational well being of its members in the community as a whole. The corporation shall operate exclusively from charitable support within the provisions of Chapter 617, of the Florida Corporation Act and section 617-002 of the Corporation not for profit and Section 501 (C) of the U.S. Internal Revenue Code of 1954.

ARTICLE 1V MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:
As the annual meeting of the members and the officers of the organization set forth in the by laws and Constitution.

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows: If define in the Constitution or the by laws.

ARTICLES VI

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the address of the initial registered agent is:

Edgar Pouchet – Registered Agent
8038 Laurel Tree Drive
Orlando, Florida 32819

ARTICLE VII INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these articles of incorporation is (are):

EDGAR POUCHET- President
8038 Laurel Tree Drive
Orlando, Florida 32819

MERVYN CORDNER- Vice President
4401 Colbert Court
Orlando, Florida 32808

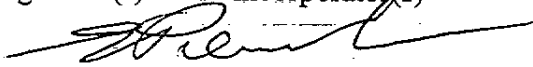
EUGENE PHILLIP- Secretary
628 Caddy Drive
Kissimmee, Florida 334759

KELVIN HALLS - Asst Secretary
919 Grand Cayman Ct
Orlando, Florida 32835

JOHN GEORGE - Treasurer
5042 Boat House Drive
Orlando, Florida 32812

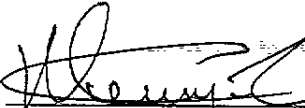
The undersigned incorporator(s) has (have) executed these articles of incorporation
This 5th day of August 1999

Signature(s) of the incorporator(s)



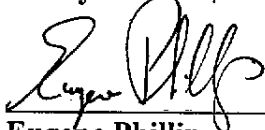
President

Edgar Pouchet



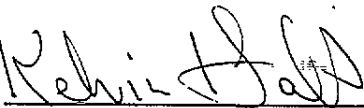
Vice President

Mervyn Cordner




Secretary

Eugene Phillip



Asst Secretary

Kelvin Halls



Treasurer

John George

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Orlando Caribbean Masqueraders Association Inc.
2. The name and address of the registered agent and office is:
Edgar Pouchet
8038 Laurel Tree Drive
Orlando, Florida 32819

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTISE, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE 8-10-99