# P08000068542

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
| -                                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

Office Use Only



100133123831

07/21/08--01025--006 \*\*87.50





# **COVER LETTER**

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

| C1: Northwe       | est Dade Community Solution, Inc<br>(PROPOSED CORPORA | TE NAME – <u>MUST INC</u> I           | LUDE SUFFIX)                                       |              |
|-------------------|---|---------------------------------------|--|--------------|
| d are an orig     | inal and one (1) copy of the arti                     | cles of incorporation and             | d a check for:                                     |              |
| S70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status          | □ \$78.75 Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate of Status |              |
|                   |   | ADDITIONAL CO                         | OPY REQUIRED                                       |              |
|                   |   |                                       | TA o   | 2(           |
| FROM: No          | rthwest Dade Community Solutio                        | n, Inc.<br>(Printed or typed)         |  | 89           |
|                   | 2050 NW 115th Street                                  |                                       | HASSE  | 2008 JUL 21  |
|                   |   | Address                               | T S  | PM           |
|                   | Miami, Florida 33167                                  |                                       | LORIDA   | <u>ဒ</u> . – |
|                   | City  | , State & Zip                         |  | 15           |
|                   | 305-623-4749  |                                       |  |              |
|                   |   | Telephone number                      |  |              |

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

Northwest Dade Community Solutions, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3908 NW 167th Street, Miami Gardens, Florida 33054 2050 NW 115th Street, Miami, Florida 33167

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide out reach services to the community.

## ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mr. Samuel Kevin Phillips, Sr. - 2050 NW 115th Street, Miami, Florida 33167 - President

Mr. Eddie Williams - 18808 NW 52nd Ct., Miami, Florida 33055 - Vice President

Mr. Dewayne Hickman - 20104 NW 27th Circle, Miami Gardens, Florida 33056 - Treasurer

Mr. James S. Carter, III - 3361 NW 214th Street, Miami Gardens, Florida 33056- Secretary

#### ARTICLE VI REGISTERED AGENT

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

Mr. James S. Carter, III- 3361 NW 214th Street, Miami Gardens, Florida 33056

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mr. Samuel Kevin Phillips - 2050 NW 115th Street, Miami, Florida 33167

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

Signature/Registered Agent

Amuse L. Well

Signature/Incorporator

Signature/Incorporator

Signature/Incorporator