

P10000043966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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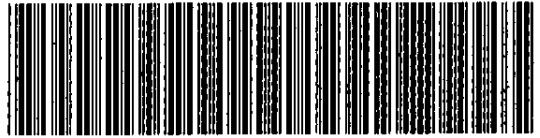
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/10--01016--016 **87.50

MR
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FILED
10 MAY 20 PM 2:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Community Impact Group
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Marie Lande Emile
Name (Printed or typed)

PO Box 590 354
Address

TAMARAC, FL 33359
City, State & Zip

(954) 734-4445
Daytime Telephone number

Communityimpactgroup@yahoo.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Community Impact Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

950 S. Pine Island Rd.
Plantation FL 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COUNSELING & CONSULTATION

ARTICLE IV SHARES

The number of shares of stock is:

10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIELANDE EMILE
PO BOX 590354
Tamarac, FL 33359

ARTICLE VI REGISTERED AGENT

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

MARIELANDE EMILE
950 S. PINE ISLAND RD.
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIELANDE EMILE
950 S. PINE ISLAND RD
PLANTATION, FL 33324

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

MarieLandeEmile
Signature/Registered Agent

MarieLandeEmile
Signature/Incorporator

5/17/10
Date

5/17/10
Date

FILED
10 MAY 20 PM 2:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA