

**ELECTIONEERING
COMMUNICATIONS ORGANIZATION**

STATEMENT OF ORGANIZATION

(PLEASE TYPE)

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OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

OFFICE USE ONLY

1. Full Name of Organization Miami We Can Do Better

Telephone 917-696-2986

Mailing Address (include city, state and zip code)

1713 Cortez St. Coral Gables, FL 33134

Street Address (include city, state and zip code)

1713 Cortez St. Coral Gables, FL 33134

2. Affiliated or Connected Organizations

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

3. Area, Scope and Jurisdiction of the Organization

City of Miami

4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization

Full Name	Mailing Address	Street Address	Title or Position
Renata Bell	1713 Cortez St. Coral Gables, FL 33134	1713 Cortez St. Coral Gables, FL 33134	Principal

5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)

As a newly created organization during the current calendar quarter.

From an organization existing prior to the current calendar quarter.

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, E.S.)

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CITY OF MIAMI, FL

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name: **Renata Bell** Telephone: **917-696-2986**

Street Address: **1713 Cortez St.**

City: **Coral Gables** State: **FL** Zip Code: **33134**

Mailing Address: **1713 Cortez St.**

City: **Coral Gables,** State: **FL** Zip Code: **33134**

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.


Signature of Registered Agent

6/8/15
Date

Former Registered Agent and Office Information (for changes only)

Name: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Committee or Organization Information

Name of Committee or Organization: _____

Street Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature of Chairperson

Printed Name of Chairperson

Date

6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.

Full Name	Mailing Address	Street Address	Title or Position

7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?

To be determined.

8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications

Name of Bank or Depository	Mailing Address

9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

STATE OF Florida

Miami-Dade

COUNTY

I, Renata Bell

certify that the information in this Statement of

Organization is complete, true, and correct.

X 

Signature of Top-ranking Principal Officer of Organization

6/8/15
Date

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