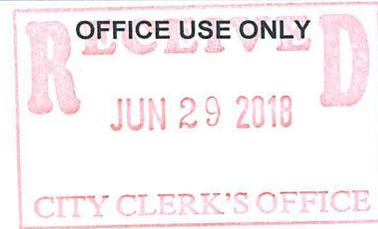


STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)



1. Full Name of Committee

South Miami Residents for Quality of Life PC

Telephone

850-567-4878

Mailing Address (include city, state and zip code)

Post Office Box 1701, Tallahassee, FL 32302-1701

Street Address (include city, state and zip code)

5793 Commerce Lane, South Miami, FL 33143

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
South Miami Residents for Quality of Life	Post Office Box 1701 Tallahassee, FL 32302-1701	Affiliated

3. Area, Scope and Jurisdiction of the Committee

To make contributions to statewide, legislative, multi-county and local candidates; candidate and issue political committees; political parties; electioneering communications organizations; and to engage in independent expenditure, electioneering, and miscellaneous advertising.

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

Government

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Mark Herron	Post Office Box 1701 Tallahassee, FL 32302-1701	Treasurer

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
Mark Herron	Post Office Box 1701 Tallahassee, FL 32302-1701	Treasurer, Chairman

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
To be determined	1		

8. List Any Issues this Committee is Supporting: Proposed Charter Amendment Land Use / Development Regulations

List Any Issues this Committee is Opposing: None at this time

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

N/a

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

Residual funds will be distributed to an IRC 527 entity

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
Hancock Bank Account No.: To be assigned	2453 Mahan Drive Tallahassee, FL 32308

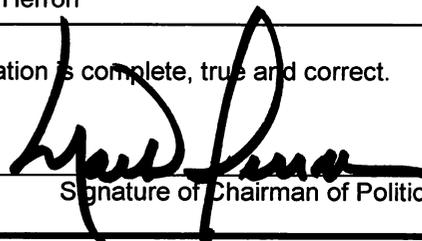
12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
IRS Form 8871 IRS Form 1120-POL IRS Form 990	Upon Creation March 15 Annually May 15 Annually	IRS	Ogden, UT 84201

STATE OF Florida Leon COUNTY

I, Mark Herron, certify that the information in this Statement of Organization is complete, true and correct.

X

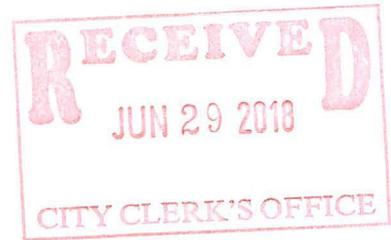


Signature of Chairman of Political Committee

28 June 2018

Date

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)



CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization South Miami Residents for Quality of Life PC		2. Telephone (850) 567-4878	
3. Name of Treasurer or Deputy Treasurer Mark Herron		4. Email (optional) mherron@lawfla.com	
5. Telephone (optional) (850) 567-4878			
6. Mailing Address Post Office Box 1701, Tallahassee, FL 32302-1701			
7. Street Address 5793 Commerce Lane, South Miami, FL 33143			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Hancock Bank		10. Street Address 2453 Mahan Drive	
11. City Tallahassee		12. State FL	13. Zip Code 32308
14. Signature of Chairman 		15. Name of Chairman (Print or Type) Mark Herron	

Campaign Treasurer's Acceptance of Appointment

I, Mark Herron, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for South Miami Residents for Quality of Life PC
(Committee or Organization)

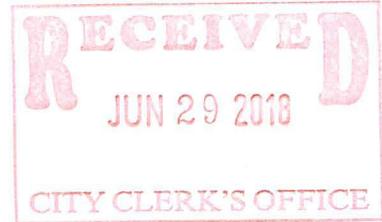
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

28 June 2018
Date

Signature of Campaign Treasurer or Deputy Treasurer

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

OFFICE USE ONLY



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

Registered Agent and Office Information

Name Mark Herron		Telephone 850-567-4878
Street Address 5793 Commerce Lane		
City South Miami	State FL	Zip Code 33143
Mailing Address Post Office Box 1701		
City Tallahassee	State FL	Zip Code 32302-1701

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.

28 June 2018

Signature of Registered Agent

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 South Miami Residents for Quality of Life PC		
Street Address 5793 Commerce Lane		Telephone 850-567-4878
City South Miami	State FL	Zip Code 33143

Signature of Chairperson

Mark Herron

28 June 2018

Printed Name of Chairperson

Date