

ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

OFFICE USE ONLY

1. Full Name of Organization

South Miami Residents for Quality of Life

Telephone

850-567-4878

Mailing Address (include city, state and zip code)

5793 Commerce Lane, South Miami, FL 33143

Street Address (include city, state and zip code)

5793 Commerce Lane, South Miami, FL 33143

2. Affiliated or Connected Organizations

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

3. Area, Scope and Jurisdiction of the Organization

To engage in electioneering communications in connection with candidates seeking elected office in the City of South Miami.

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

Full Name	Mailing Address	Street Address	Title or Position
Mark Herron	Post Office Box 1701 Tallahassee, FL 32302-1701	2618 Centennial Place Tallahassee, FL 32308	Treasurer

5. List by Name, Mailing and Street Address, and 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
Mark Herron	Post Office Box 1701 Tallahassee, FL 32302-1701	2618 Centennial Place Tallahassee, FL 32308	Chairman & Treasurer

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

Residual funds will be distributed to an IRC 527 organization as determined by the Chairman and Treasurer.

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

Name of Bank or Depository	Mailing Address
SunTrust Bank	3522 Thomasville Road Tallahassee, FL 32309

8. List All Reports Required to be Filed by this Organization 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
RS 8871 IRS 1120-POL IRS 990, as required	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 Top-ranking Principal Officer of Organization

31 December 2013
Date

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

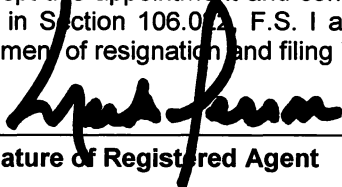
OFFICE USE ONLY

- 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 2618 Centennial Place		
City Tallahassee	State FL	Zip Code 32308
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.



31 December 2013
Date

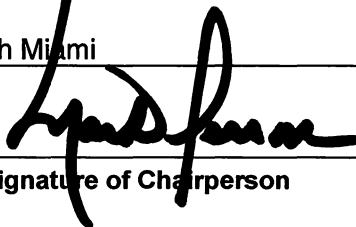
Signature of Registered Agent

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		
Street Address 5793 Commerce Lane		Telephone
City South Miami	State FL	Zip Code 33143



Signature of Chairperson

Mark Herron

Printed Name of Chairperson

31 December 2013
Date