STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

1. Full Name of Committee

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CITY OF MIAMI BEACH OFFICE OF THE CITY CLERK

For Our Miami Beach Quality of Life						
, state and zip code)						
state and zip code)						
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)						
Mailing Address		Relationship				
N/A		N/A				
3. Area, Scope and Jurisdiction of the Committee Committee supporting a ballot measure in Miami Beach, Florida						
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Political, Voter Education						
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)						
Mailing Address	Committee Title or Position					
1742 W Flagler Street Miami, Florida 33135	Treasure	r				
	state and zip code) ganizations (includes other committees of cor Mailing Address N/A Organization's Special Interest (e.g., medical, and Position, the Custodian of Books and Ac Mailing Address 1742 W Flagler Street	state and zip code) ganizations (includes other committees of continuous eximal management of the Committee allot measure in Miami Beach, Florida Organization's Special Interest (e.g., medical, legal, education) and Position, the Custodian of Books and Accounts (included Mailing Address) Treasure				

	and Position, Other Principal (Any (include chairman's name)		Officers an	id Memb	ers of the	
Full Name	Mailing Addr	Mailing Address		Committee Title or Position		
Alex Fernandez	3200 Chase Avenue Miami Beach, FL 33140			Chairperson		
Juan-Carlos Planas, Esq.	2332 Galiano Street, 2nd Floor Coral Gables, FL 33134			Registered Agent		
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	e Sought		Party	
N/A	N/A	N/A		N/A		
8. List Any Issues this Co	ommittee is Supporting: Yes on N					
Yes on Miami Beach Referendum 7. List Any Issues this Committee is Opposing: N/A						
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? Return to contributors or donate to 501(c)(3) organization.						
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee F	unds		
Name of Bank or De	Name of Bank or Depository & Account Number Mailing Address					
		9101 S. Dixie Highway Pinecrest, FL 33156				
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 o	f Official	Ma	ailing Address	
SS4 Form 8871 Form 1120 POL Form 990	Upon Formation Upon Formation March 15, Annually May 15, Annually	Internal Revenue Se Internal Revenue Se Internal Revenue Se Internal Revenue Se	ervice ervice	Ogden, UT 84201 Ogden, UT 84201 Ogden, UT 84201 Ogden, UT 84201		
STATE OF FLORIDA Miami-Dade COUNTY					COUNTY	
I, Alex Fernandez , certify that the information in this Statement of Organization is complete, true and correct.						
X Levy Services Signature of Chairman of Political Committee 8 23 22 Date						