



# FORM 1B



☐ New Incorporation (Requires Stamp Duty)

☐ Amended Articles

☐ Adopted Articles

☐ Re-registration

(Changing from one type of a company to another)

**THE COMPANIES ACT OF JAMAICA**  
**ARTICLES OF INCORPORATION:**  
**COMPANY LIMITED BY GUARANTEE AND NOT HAVING A SHARE CAPITAL**

(Pursuant to sections 8 & 20 of the Companies Act)

COMPLETE THIS FORM IN BLOCK CAPITALS ONLY WITHIN THE PRESCRIBED FIELDS. PUT "N/A" IN FIELDS THAT DO NOT APPLY.

1A. NAME OF COMPANY	FLOWERS FOUNDATION LIMITED		
1B. JUSTIFICATION FOR PROPOSED NAME (if applicable)	N/A		
1C. COMPANY TELEPHONE NUMBER	876 396-0763	1D. COMPANY EMAIL ADDRESS	ffl@gmail.com

**2. THE REGISTERED OFFICE IS LOCATED IN JAMAICA AND THE LIABILITY OF THE MEMBERS IS LIMITED**

**3A. THIS ASSOCIATION IS FORMED EXCLUSIVELY FOR THE PROMOTION OF**

☐ Commerce ☐ Art ☐ Science ☐ Religion ☒ Charity ☐ Other

If OTHER, specify \_\_\_\_\_

The powers of the company are limited to those necessary to the carrying out of the main business of the company outlined in **item 3** above.

**3B. RESTRICTIONS, IF ANY, ON THE BUSINESS THE ASSOCIATION MAY CARRY ON**

see SCHEDULE 1

You may state the activities that the association can engage in or is prohibited from engaging in.

**4. COMPANY'S ARTICLES** Please check the appropriate box below (ONLY ONE BOX MUST BE CHECKED)

4a.	<input type="checkbox"/> Standard Articles (Rules) from Table B in their entirety: Articles 1-71 only	<p><b>TO COMPLETE THIS SECTION</b></p> <p>Table B of the First Schedule of the Companies Act 2004 provides standard articles (rules) for the internal management of a company limited by guarantee.</p> <p><b>In Table B:</b></p> <ul style="list-style-type: none"><li>Articles 1-71 detail general meetings, votes of members, Directors, borrowing powers of the company, the seal, accounts and notices etc.</li></ul> <p><b>TO COMPLETE THIS SECTION</b></p> <p>You may choose from Table B:</p> <ul style="list-style-type: none"><li>All the Rules in their entirety, exactly as they are stated; or</li><li>All the Rules in their entirety with an additional article</li><li>Some of the Rules</li></ul> <p>If you do not choose to select any of the options 4a to 4d then you <i>must</i> attach your own articles (rules) for the internal management of the company to this form and select the "Other" option at 4e. You are also required to attach schedules containing the varied or additional articles which you wish to include.</p> <p>Charities most often choose the option 4b.</p>
4b.	<input checked="" type="checkbox"/> Standard Articles (Rules) from Table B Articles 1-35, 37-71 with Varied Article 36 and Additional Articles 72-77 SEE SCHEDULE(S) <u>2 &amp; 3</u>	
4c.	<input type="checkbox"/> Standard Articles (Rules) selected from Table B (e.g. 1-30 & 32-71) ARTICLES _____	
4d.	<input type="checkbox"/> Standard Articles (Rules) selected from Table B with varied and/or additional articles ARTICLES _____ SEE SCHEDULE(S) _____	
4e.	<input type="checkbox"/> Other ( <i>"Other" is to be used when you do not wish to accept the Standard Articles from Table B and wish to attach your own</i> ) SEE SCHEDULE(S) _____	

NOTES FOR ASSOCIATIONS WISHING TO REMOVE "LIMITED" FROM THEIR NAMES

The Minister may issue a licence which permits the removal of the word "**Limited**" from the name of the company. It is advised that an additional schedule be attached to the articles outlining how the association is to be governed and the manner in which the funds will be used for charitable purposes.



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## 5. GUARANTEE/MEMBERS' LIABILITY (Mandatory)

(Every member of the association undertakes to contribute to the assets of the association in the event of the same being wound up or closed.)

STATE THE AMOUNT IN DOLLARS: \$ 1000

6A. MINIMUM NUMBER OF DIRECTORS	2	A private company must have at least one Director; he/she cannot also be the Company Secretary. A public company must have a minimum of three (3) Directors; two of them however should not be employed by the company or any of its affiliates
AND / OR		
6B. MAXIMUM NUMBER OF DIRECTORS	10	

## 7. PARTICULARS OF DIRECTORS (Where the director is an individual the name must be represented as FIRST MIDDLE LAST)

**DIRECTOR 1** ☐ This person is a nominee director

FULL NAME:	DAVIA FLOWERS			SAME AS COMPANY SECRETARY	
FULL ADDRESS or REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:	123 HILLVIEW ROAD			
	TOWN:	DEWS PARK	POST OFFICE/POSTAL CODE:	KINGSTON 20	
	PARISH/COUNTY/STATE/PROVINCE:	ST ANDREW	COUNTRY:	JAMAICA	
OCCUPATION:	TEACHER				

**DIRECTOR 2** ☐ This person is a nominee director

FULL NAME:	MARK FLOWERS			SAME AS COMPANY SECRETARY	
FULL ADDRESS or REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:	123 HILLVIEW ROAD			
	TOWN:	DEWS PARK	POST OFFICE/POSTAL CODE:	KINGSTON 20	
	PARISH/COUNTY/STATE/PROVINCE:	ST ANDREW	COUNTRY:	JAMAICA	
OCCUPATION:	CONTRACTOR				

**DIRECTOR 3** ☐ This person is a nominee director

FULL NAME:	JESSICA REID			SAME AS COMPANY SECRETARY	
FULL ADDRESS or REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:	13928 FARMINGTON BLVD			
	TOWN:	TRENTON	POST OFFICE/POSTAL CODE:	32556	
	PARISH/COUNTY/STATE/PROVINCE:	NEW JERSEY	COUNTRY:	USA	
OCCUPATION:	BUSINESSWOMAN				



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**DIRECTOR 4** ☐ This person is a nominee director

<b>FULL NAME:</b>				<b>SAME AS COMPANY SECRETARY</b>
<b>FULL ADDRESS or REGISTERED OFFICE ADDRESS:</b>	<b>STREET/DISTRICT:</b>			
	<b>TOWN:</b>		<b>POST OFFICE/POSTAL CODE:</b>	
	<b>PARISH/COUNTY/ STATE/PROVINCE:</b>		<b>COUNTRY:</b>	
<b>OCCUPATION:</b>				

**DIRECTOR 5** ☐ This person is a nominee director

<b>FULL NAME:</b>				<b>SAME AS COMPANY SECRETARY</b>
<b>FULL ADDRESS or REGISTERED OFFICE ADDRESS:</b>	<b>STREET/DISTRICT:</b>			
	<b>TOWN:</b>		<b>POST OFFICE/POSTAL CODE:</b>	
	<b>PARISH/COUNTY/ STATE/PROVINCE:</b>		<b>COUNTRY:</b>	
<b>OCCUPATION:</b>				

**DIRECTOR 6** ☐ This person is a nominee director

<b>FULL NAME:</b>				<b>SAME AS COMPANY SECRETARY</b>
<b>FULL ADDRESS or REGISTERED OFFICE ADDRESS:</b>	<b>STREET/DISTRICT:</b>			
	<b>TOWN:</b>		<b>POST OFFICE/POSTAL CODE:</b>	
	<b>PARISH/COUNTY/ STATE/PROVINCE:</b>		<b>COUNTRY:</b>	
<b>OCCUPATION:</b>				

\_\_\_\_\_ Continuation page(s) attached

## 8. PARTICULARS OF COMPANY SECRETARY

(Where the Secretary is an individual the name must be represented as FIRST MIDDLE LAST

(Where one of the named Directors has been identified as the company secretary, this item does not need to be completed.)

<b>FULL NAME:</b>	<b>LISA SMITH</b>			
<b>FULL ADDRESS or REGISTERED OFFICE ADDRESS:</b>	<b>STREET/DISTRICT:</b>	<b>123 HILLVIEW ROAD</b>		
	<b>TOWN:</b>	<b>DEWS PARK</b>	<b>POST OFFICE/POSTAL CODE:</b>	<b>KINGSTON 20</b>
	<b>PARISH/COUNTY/ STATE/PROVINCE:</b>	<b>ST ANDREW</b>	<b>COUNTRY:</b>	<b>JAMAICA</b>
<b>OCCUPATION:</b>	<b>ADMINISTRATIVE ASSISTANT</b>			



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9. PROPOSED NUMBER OF MEMBERS AT THE TIME OF INCORPORATION

3

## 10. PARTICULARS OF INDIVIDUALS WHO ARE SUBSCRIBERS

SUBSCRIBER PARTICULARS	SUBSCRIBER 1	SUBSCRIBER 2	SUBSCRIBER 3	SUBSCRIBER 4
NAME	DAVIA FLOWERS	MARK FLOWERS	JESSICA REID	
ADDRESS	123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW	123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW	13928 FARMINGTON BLVD, TRENTON NEW JERSEY, USA	
NATIONALITY	JAMAICAN	JAMAICAN	AMERICAN	
OCCUPATION	TEACHER	CONTRACTOR	BUSINESSWOMAN	
SIGNATURE	<i>dflowers</i>	<i>MRe</i>	<i>J.REID</i>	
DATE (dd/mm/yyyy)	01/01/2020	01/01/2020	01/01/2020	
WITNESS PARTICULARS	WITNESS FOR SUBSCRIBER 1	WITNESS FOR SUBSCRIBER 2	WITNESS FOR SUBSCRIBER 3	WITNESS FOR SUBSCRIBER 4
BY (NAME OF WITNESS)	LISA SMITH	LISA SMITH	LISA SMITH	
WITNESSED AT (LOCATION/ADDRESS)	123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW	123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW	123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW	
SIGNATURE	<i>L.Smith</i>	<i>L.Smith</i>	<i>L.Smith</i>	
DATE (dd/mm/yyyy)	01/01/2020	01/01/2020	01/01/2020	
If a subscriber and a witness are located in different countries, 'while on visit' must be selected.	<input type="checkbox"/> While on Visit	<input type="checkbox"/> While on Visit	<input checked="" type="checkbox"/> While on Visit	<input type="checkbox"/> While on Visit
				_____ Continuation page(s) attached



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## 11. PARTICULARS OF SUBSCRIBERS WHO ARE COMPANIES

COMPANY PARTICULARS		OFFICER PARTICULARS	OFFICER 1	OFFICER 2
COMPANY NAME		OFFICER NAME		
COMPANY NUMBER (LOCAL/OVERSEAS COMPANY)		OFFICE HELD IN COMPANY		
DATE OF INCORPORATION (DD/MM/YYYY)		SIGNATURE		
COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS				
COUNTRY OF INCORPORATION		DATE (DD/MM/YYYY)		
SEAL		WITNESS PARTICULARS	WITNESS FOR OFFICER 1	WITNESS FOR OFFICER 2
		BY (NAME OF WITNESS)		
		WITNESSED AT (LOCATION/ADDRES S)		
		SIGNATURE		
		DATE (DD/MM/YYYY)		
		If an officer and a witness are located in different countries, 'while on visit' must be selected.	<input type="checkbox"/> While on Visit	<input type="checkbox"/> While on Visit
Continuation page(s) attached				

## 12. DECLARATION OF ACCURACY OF PRESENTED INFORMATION

To the best of my knowledge, information and belief, I hereby certify the contents of this form to be accurate.

NAME OF DECLARANT	LISA SMITH	CAPACITY	<input type="checkbox"/> Director <input checked="" type="checkbox"/> Secretary <input type="checkbox"/> Authorised Official
SIGNATURE OF DECLARANT	L. Smith	DATE (DD/MM/YYYY)	01/01/2020

FOR OFFICIAL USE ONLY COMPANY #:



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### 13. PARTICULARS OF INDIVIDUAL/COMPANY FILING THE FORM WITH THE COMPANIES OFFICE OF JAMAICA

FIRST NAME:	LISA	LAST NAME:	SMITH
ADDRESS:	STREET:	123 HILLVIEW ROAD	
	TOWN:	DEWS PARK	
	POST OFFICE:	KINGSTON 20	
	PARISH:	ST ANDREW	
E-MAIL ADDRESS:	lisasmith@yahoo.com		
CONTACT NUMBER:	876 396-0763		
FAX NUMBER:			

### 14. ADDITIONAL PARTICULARS OF DIRECTORS

NAME OF DIRECTOR	TAXPAYER REGISTRATION NUMBER	EMAIL	CONTACT NUMBER
1. DAVIA FLOWERS	125-648-874	d.flowers@gmail.com	876 396-0763
2. MARK FLOWERS	148-876-247	mark.flowers@gmail.com	876 396-0763
3. JESSICA REID	A734053 (PASSPORT)	jreid@yahoo.com	759-854-5555
4.			
5.			
6.			



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### 15. ADDITIONAL PARTICULARS OF COMPANY SECRETARY

NAME OF SECRETARY	TAXPAYER REGISTRATION NUMBER (WHERE THERE IS NONE, USE OTHER GOVERNMENT ID NUMBER, VOTER'S ID NUMBER, PASSPORT NUMBER OR DRIVER'S LICENSE NUMBER)	EMAIL	CONTACT NUMBER
LISA SMITH	148-876-247	ll.smith@yahoo.com	876 396-0763

### 16. ADDITIONAL PARTICULARS OF DECLARANT

NAME OF DECLARANT	TAXPAYER REGISTRATION NUMBER (WHERE THERE IS NONE, USE OTHER GOVERNMENT ID NUMBER, VOTER'S ID NUMBER, PASSPORT NUMBER OR DRIVER'S LICENSE NUMBER)	EMAIL	CONTACT NUMBER
LISA SMITH	148-876-247	ll.smith@yahoo.com	876 396-0763

### 17. ADDITIONAL PARTICULARS OF INDIVIDUAL SUBSCRIBERS

NAME OF SUBSCRIBER (first then last)	TAXPAYER REGISTRATION NUMBER (WHERE THERE IS NONE, USE OTHER GOVERNMENT ID NUMBER, VOTER'S ID NUMBER, PASSPORT NUMBER OR DRIVER'S LICENSE NUMBER)	DATE OF BIRTH (dd/mm/yyyy)
1. DAVIA FLOWERS	125-648-874	07/10/1980
2. MARK FLOWERS	132-611-422	18/02/1985
3. JESSICA REID	A734053 (PASSPORT)	15/11/1994
4.		
5.		