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T. LEMIEUX
JUL 20 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUNDACION LA OBRA DE TUS MANOS INC
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

EDNA MENDEZ

Name of Person

EMPIRE BUSINESS & TAX ADVISORS, LLC

Firm/Company

120 BROADWAY AVE. STE 302

Address

KISSIMMEE, FL 34741

City/State and Zip Code

ednamendez@empirebta.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lirio Espinosa

Name of Person

787 594-0603

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. FUNDACION LA OBRA DE TUS MANOS, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PUERTO RICO 3. 66-0814817
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/13/2013 5. PERPETUAL
(Date of Incorporation) (Date of duration, if other than perpetual)

6. JULY 15, 2023
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2676 DEBANY RD. KISSIMMEE, FL 34744
(Principal office street address)

SAME
(Current mailing address, if different)

8. SOCIAL ASSISTANCE FOR ABUSED WOMEN
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)


Name: EMPIRE BUSINESS & TAX ADVISORS, LLC

Office Address: 120 BROADWAY AVE. SUITE 302

KISSIMMEE, Florida 34741
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: LIRIO ESPINOSA
 Vice Chairman Address: 2676 DEBANY RD
 Director KISSIMMEE, FL 34744
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

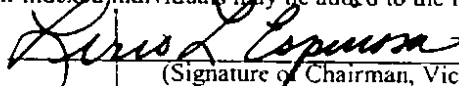
Chairman Name: ENOCH ESPINOSA
 Vice Chairman Address: _____
 Director 2676 DEBANY RD
 President KISSIMMEE, FL 34744
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: EDNA MENDEZ
 Vice Chairman Address: 1274 BLACKFOOT AVE
 Director ORLANDO, FL 32825
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

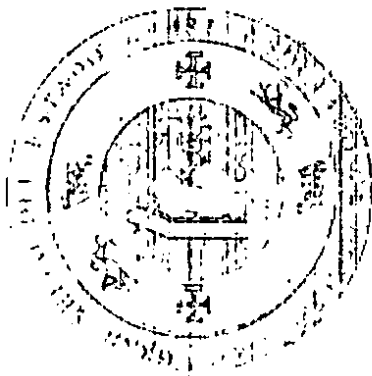
14. LIRIO ESPINOSA
 (Typed or printed name and capacity of person signing application)



CERTIFICATE OF RESTORATION

I, **Omar J. Marrero Díaz**, **Secretary of State** of the Government of Puerto Rico,

CERTIFY: That "**FUNDACIÓN LA OBRA DE TUS MANOS, INC.**", registry number **64057**, has been restored in accordance to the Puerto Rico General Corporations Act, on **July 05, 2023** at **06:36 PM**.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **July 5, 2023**.

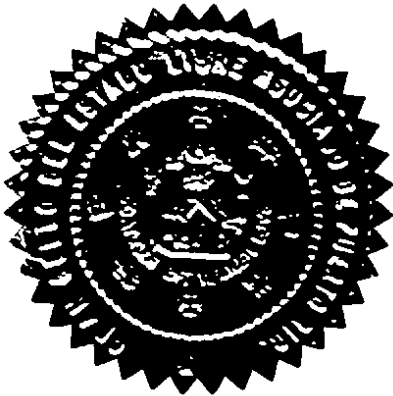
Omar J. Marrero Díaz
Secretary of State

Estado Libre Asociado de Puerto Rico
DEPARTAMENTO DE ESTADO
San Juan, Puerto Rico

CERTIFICADO DE REGISTRO

Yo, **DAVID E. BERNIER RIVERA**, Secretario de Estado del Estado Libre Asociado de Puerto Rico,

CERTIFICO: Que "FUNDACIÓN LA OBRA DE TUS MANOS, INC.", registro **64057**, es una corporación **sin fines de lucro** organizada bajo las leyes de Puerto Rico el **13 de diciembre de 2013**, a las **4:30 PM**.



EN TESTIMONIO DE LO CUAL, firmo el presente y hago estampar en él el Gran Sello del Estado Libre Asociado de Puerto Rico, en la ciudad de San Juan, hoy 13 de diciembre de 2013.

A handwritten signature in black ink, appearing to read "D. Bernier".

DAVID E. BERNIER RIVERA
Secretario de Estado