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(Re	equestor's Name)				
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(C	ity/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL.			
(Bi	usiness Entity Nam	ne)			
(Document Number)					
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EFFECTIVE DATE |- |- |

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SECRETARY OF STATE DIVISION OF CORPORATIONS

11=556951111

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Community Advocates of the Americas					
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:						
\$70.00	ਿਹ \$78.75	\$78.75	\$87.50			
Filing Fee	Filing Fee &	Filing Fee	☐Filing Fee,			
	Certificate of	& Certified Copy	Certified Copy			
	Status		& Certificate			
	Satus					
		ADDITIONAL COPY REQUIRED				
		ADDITIONAL COLI REQUIRED				
		-				

FROM:

Name (Printed or typed)

12955 S.W. 42 St. Suite 6

Address

Miami, Fl. 33175

City, State & Zip

(305) 970-1349

Daytime Telephone number

officelegal71@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.



RECEIVED

14 NOV 14 PM 2: 26

DIVISION OF BURK OF A PURE

November 1, 2011

MAUREEN ZAMORA 12955 SW 42 ST SUITE 6 MIAMI, FL 33175

SUBJECT: COMMUNITY ADVOCATES OF THE AMERICAS

Ref. Number: W11000055695

We have received your document for COMMUNITY ADVOCATES OF THE AMERICAS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 311A00024809

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: Community Advocates of the Americas, Inc.

ARTICLE II F	PRINCIPAL OFFICE Principal street address 12955 SW 42 St. # 6		Mailing address	11 NOV 4 s, if different is:	PM 1:5
٠	Miami, Fl. 33175	- -		 	
	PURPOSE		EFFECTIVE	DATE (- (-12
	ch the corporation is organized is: igration legal services,	inaludina	logal roprogo	ntation	a £ 50 a mad
	and interpretation, as w				
	•				
ARTICLE IV	MANNER OF ELECTION The manner in	which the directors	are elected and appointed	d:	
ARTICLE V	e elected and appointed b directors. INITIAL OFFICERS AND/OR DIRECTO	y a majori DRS	ty of all vot	es of the	
Name and Title					
Address:	8830 SW 123 Ct. I- 307 Miami, Fl. 33186	Address:			
	M1am1, F1, 33186				
Name and Title	Carlos Cisneros (VP)	Nome and Title:			
Address:	709 Lori Dr. # 313	Name and Title. Address:			
	Palm Springs, Fl.33461	-			
	Lucy Marlene Silva (S)	_ .			
Name and Title	9920 NW 44 Terrace # 10	7			
Address:	Doral, Fl. 33178	9 Address:			
					
ARTICLE VI	REGISTERED AGENT				
	da street address (P.O. Box NOT acceptable) o	f the registered ager	nt is:		
Name:	Maureen Zamora	_			
Address:	12955 SW 42 St. # 6 Miami, Fl. 33175	_			
	M14m1, E1. 331/3				
A DOMEST PORTER	TVGODDOD 4 COD				
	INCORPORATOR ess of the Incorporator is:				
Name:	Maureen Zamora	_			
Address:	12955 SW 42 St. # 6	_ EF	FECTIVE DATE:	January :	1, 2012
	Miami, Fl. 33175		•		
					
	as registered agent to accept service of proce liar with and accept the appointment as register			place designated	l in this
	Q_{7}		/10/26/2011		
	Required Signature of Registered Agent		·	Date	
	ent and affirm that the facts stated herein are t			submitted in a de	ocument
to the Department of	State constitutes a third degree felony as provid	led for in s.817.155			
	\		10/26/2	011	
V	Required Signature of Incorporator			Date	. '