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13 AUG 16 AM 2:29
STATE DIVISION OF CORPORATIONS

8/21
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COVER LETTER

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

SUBJECT: ESTUVE EN LA CARCEL Y VINISTEIS A MI, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ALICIA R. SALINAS
Name (Printed or typed)

621 E. 6TH STREET
Address

HIALEAH, FL. 33010
City, State & Zip

305-609-3014
Daytime Telephone number

ALICIAREGISALI@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME
The name of the corporation shall be: ESTUVE EN LA CARCEL Y VINISTEIS A MI, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
621 E. 6TH STREET
HIALEAH, FL. 33010

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE (THE "CODE").

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: THE AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY AND ALL CORPORATE POWERS SHALL BE EXERCISED BY THE BOARD OF DIRECTORS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALICIA R. SALINAS, PRESIDENT
Address: 621 E. 6TH STREET
HIALEAH, FL 33010

Name and Title: JEYSELL ZELEDON, VICE PRESIDENT
Address: 621 E. 6TH STREET
HIALEAH, FL 33010

Name and Title: CYNTHIA LEIVA, TREASURER
Address: 621 E. 6TH STREET
HIALEAH, FL 33010

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 16 AM 2:29

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CYNTHIA LEIVA, CPA

Address: 621 E. 6TH STREET
HIALEAH, FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALICIA R. SALINAS

Address: 621 E. 6TH STREET
HIALEAH, FL 33010

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Cynthia Leiva

Required Signature of Registered Agent

8/10/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ASALINAS

Required Signature of Incorporator

8/10/16
Date

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
13 AUG 16 11:23 AM '16