

# N/140000/0730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

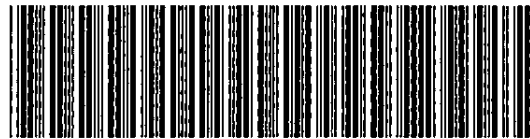
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]* 11/21/14

**COVER LETTER**

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

**SUBJECT: FOUNDATION DR. ENRIQUE E. BALLESTAS, 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: ELEUTERIO DELACRUZ**  
Name (Printed or typed)

**8605 MALLARD RESERVE DR UNIT 104**  
Address

**TAMPA, FL, 33614**  
City, State & Zip

**813-767-0739**  
Daytime Telephone number

**ASOCOL@LIVE.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: FOUNDATION DR. ENRIQUE E. BALLESTAS, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
8605 MALLARD RESERVE DR, # 104  
TAMPA, FL, 33614

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE ECONOMIC ASSISTANCE  
TO STUDENTS OF COLOMBIAN DESCENT WITH DEMONSTRATED NEED.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: APPOINTED  
BY THEIR ORGANIZATION AND POSITIONS ARE DECIDED BY THE THREE MEMBERS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MAX PENA, EXECUTIVE DIRECTOR  
Address: 4204 CARROLLWOOD VILLAGE CT  
TAMPA, FL, 33618

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: JORGE E OTERO, TREASURER  
Address: 18911 AVENUE BIARRYZ  
LUTZ, FL, 33558

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: ELEUTERIO DELACRUZ  
Address: 8605 MALLARD RESERVE DR # 104  
TAMPA, FL, 33614

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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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: ELEUTERIO DELACRUZ  
Address: 8605 MALLARD RESERVE DR # 104  
TAMPA FL 33614

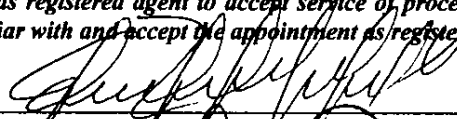
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

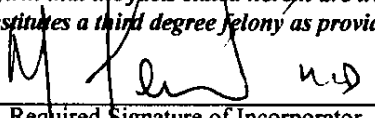
Name: MAX PENA  
Address: 4204 CARROLLWOOD VLLAGE CT  
TAMPA, FL, 33618

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

10/30/14  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

10/30/14  
Date