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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

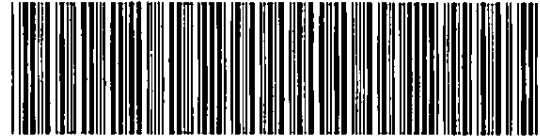
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JAN 31 PM 5.06
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2018

MILTON FUENTES
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

SUBJECT: MIAMI ENTERTAINMENT CHAMBER OF COMMERCE, INC.
Ref. Number: W1800007007

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18 JAN 31 PM 5:06
CORPORATION DIVISION
PALM BEACH, FLORIDA

We have received your document for MIAMI ENTERTAINMENT CHAMBER OF COMMERCE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity is not listed in Article I. Please enter the name and mail the form back to us.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 118A00001480

FACSIMILE

31 January 2018

TO: NADIRA
 FAX: 1-850-245-6804
 PHONE:

FROM: MILTON FUENTES, ESQ.
 FAX: 786.288.3808
 PHONE: 305.447.1960

PAGES: 4 [INCL. COVER PAGE]

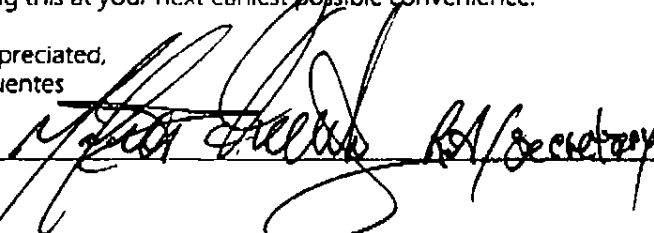
RE: ARTICLES OF INCORPORATION / "MIAMI ENTERTAINMENT CHAMBER OF COMMERCE, INC."

CC:

COMMENTS:

Attached please find the completed Articles. We have not received the return of the prior Articles as of yet. If payment was returned as well, we will be glad to make payment by phone, online or immediately as directed by your office. Thank you for your consideration in processing this at your next earliest possible convenience.

Much appreciated,
 Milton Fuentes



Milton Fuentes RA/Secretary

- URGENT
- PLEASE COMMENT
- PLEASE REVIEW
- FOR YOUR RECORDS

2018 JAN 31 PM 12:06
 ATTORNEYS & COUNSELORS AT LAW P.O. Box 431725 Miami, FL 33243 T: 305.447.1960 F: 786.288.3808
 M-F
 M. FUENTES & CO.

COVER LETTER

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

SUBJECT: MIAMI ENTERTAINMENT CHAMBER OF COMMERCE, 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: MILTON FUENTES

Name (Printed or typed)

201 ALHAMBRA CIRCLE, SUITE 601

Address

CORAL GABLES, FL 33134

City, State & Zip

305-447-1960

Daytime Telephone number

MF@MFUENTESLAW.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: Miami Entertainment Chamber of Commerce, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
201 ALHAMBRA CIRCLE, SUITE 601

Mailing address, if different is: SAME

CORAL GABLES, FL 33134

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Exclusively for educational and charitable purposes within the meaning of IRS section 501(c)(3), by fostering the arts within the local community through the development and presentation of artistic projects in public spaces.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: per bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULIAN LINARES, PRESIDENT
Address: 201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33134

Name and Title: JOSE MARTINEZ, TREASURER
Address: 201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33134

Name and Title: MILTON FUENTES, SECRETARY
Address: 201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33134

Name and Title: OLGA L. SOLANO, DIRECTOR
Address: 201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33134

Name and Title: JOHN ECHEVARRIA, DIRECTOR
Address: 201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33134

Name and Title: ANTONIO RODRIGUEZ, DIRECTOR
Address: 201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33134

Name and Title: DELSA GONZALEZ, DIRECTOR Name and Title: _____

Address: 201 ALHAMBRA CIRCLE, STE 601 Address: _____
CORAL GABLES, FL 33134 _____

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: MILTON FUENTES
Address: 201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33134

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MILTON FUENTES
Address: 201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

01/16/18
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

01/16/18
Date