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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____ *Bj/2/21*

FLORIDA PROFIT/NON PROFIT CORPORATION CUBA LIBRE SOS, CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 JUL 30 PM 5:01

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: CUBA LIBRE SOS, CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address: 4621 SW 133 AVE, MIAMI, FLORIDA 33175

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OUR ORGANIZATION IS CREATED TO HELP AND SUPPORT ALL CUBANS ON THE ISLAND AND AROUND THE WORLD IN THEIR NEEDS FOR THEIR FREEDOM, GIVING EDUCATION TO THEM TO UNDERSTAND THEIR OWN RIGHTS TO EQUALITY, FREEDOM OF EXPRESSION, AND KNOWLEDGE OF THEIR HUMAN RIGHTS. OUR ORGANIZATION WILL INSTRUCT, EDUCATE AND GUIDE THEM ABOUT A NEW WAY TO STAND UP FOR FREEDOM AND HOW TO MAKE CUBA GREAT AGAIN. WE WILL EDUCATE CUBANS THAT WITH FREEDOM IN CUBA WE CAN ALL TOGETHER MAKE A NEW CUBA AGAIN FULL OF HAPPINESS, JUSTICE, EQUALITY AND GLORY IN THE NAME OF GOD.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: AS PROVIDED FOR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA TERESA RAFAELLY

Address: (PRESIDENT) 4621 SW 133 AVE MIAMI, FLORIDA 33175

Name and Title: ARIEL VALENCIA

Address: (VICEPRESIDENT) 4621 SW 133 AVE MIAMI, FLORIDA 33175

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE TALLAHASSEE, FL

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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: MARIA TERESA RAFAELLY

Address: 4621 SW 133 AVE

MIAMI, FLORIDA 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA TERESA RAFAELLY

Address: 4621 SW 133 AVE

MIAMI, FLORIDA 33175

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JULY 26, 2021 (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

07/30/2021
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

07/30/2021
Date

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