F16000004681

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
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Special instructions to Filing of Wilby	4994B

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D. SCOTT **0CT** 1 9 2016





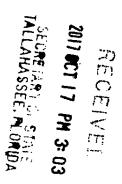
FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2016

LUIS PARRA 6220 S ORANGE BLOSSOM TR. STE 100 ORLANDO, FL 32809

SUBJECT: LATINO COMMUNITY CENTER CORP

Ref. Number: W16000049948



Upon receipt of your letter and/or check(s) totaling \$78.75, no document was found. Please send your document with any fees due to:

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

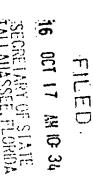
Please return a copy of this letter to ensure your money is properly credited.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 516A00021603



COVER LETTER

~	sion of Cor						
SUBJECT:	LATINO	COMMUNITY CENTE	R CORP				
Sobsider.		Name of Corpo	ration – m	ust in	clude suffix	,	
Dear Sir or M	(adam:						
Affairs in Flo	rida", "Cert	on by Foreign Not for Fificate of Existence", code not for profit corp	r "Certific	ate of	Status" and ch	eck are su	
Please return	all correspo	ndence concerning thi	s matter to	the fo	ollowing:		
	LUIS PA	RRA					
		Nar	ne of Perso	on			
	TAX SOL	UTIONS & BOOKKEE	PING LLC				
		Fir	m/Compar	<u>1y</u>	·		
	6220 S OF	RANGE BLOSSOM TR.	STE 100 _.				
			Address				
,	ORLAND	O, FL. 32809					TS 5
City/State and Zip Code							弱岛立
	CLAUDIA.TAXSOLUTIONS@GMAIL.COM						BILLEY STA
	E-ma	il address: (to be used	for future	annua	l report notifica	ation)	三年 三
For further in	formation c	oncerning this matter,	please call	:			D 34
LUIS PARRA	A		718 at (١	5848097		73
	Name of	Person	Area	Code	Daytime Tel	lephone Ni	ımber
Regis Divis P.O.	LING ADI stration Section of Corp Box 6327 hassee, FL	cion orations			STREET/CO Registration S Division of C Clifton Build 2661 Executiv Tallahassee, 1	Section orporation ing ve Center (s
Enclosed is a	check for the	ne following amount:					
□ \$70.00 Fi	ling Fee	■\$78.75 Filing Fee & Certificate of Stat			Filing Fee & ed Copy	Cer	50 Filing Fee, tificate of Status & tified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

LATINO CC	OMMUNITY CENTER, CONTRACTION		
import in langua	ration: must include the word "INCORPORAT ge as will clearly indicate that it is a corporation resent. "Company" or "Co." may not be used a	on instead of a natural person or partnership	if not so contained
(If name unava	ilable in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting bus	iness in Florida)
NEW YORK	•	02-0602097 3.	
(State or coun 04/22/2003	ntry under the law of which it is incorporated) Date of Incorporation)	(FEI number, if applicable) 5.	
(D	Pate of Incorporation)	(Date of duration, if other than	perpetual)
07/07/2016 6.			
(Date first condu	ucted affairs in Florida if prior to registration. Se	e sections 617.1501 & 617.1502, F.S., to deter	mine penalty liability.)
6220 S OR	RANGE BLOSSOM TR. STE 100, ORLANDO	O, FL. 32809	
/·	(Principal	office address)	
<u> </u>	(Current mailing	g address, if different)	
	(5 ,,	
SUPPORT A	AND SERVICES TO THE LATINO COMMU	NITY	
8. (Purpose(s) of c	corporation authorized in home state or country	y to be carried out in the state of Florida)	
9. Name and stre	cet address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	LUIS PARRA		4. · · · · · · · ·
Office Address:	6220 S ORANGE BLOSSOM TR, STE 100)	ASE O
Office Address.	ORLANDO	32809 , Florida(Zip Code)	題名卫
	(City)	(Zip Code)	が過去に
10 Danistanad	I accomplia accompany		HO _ H
Having been na designated in th further agree to	l agent's acceptance: nmed as registered agent and to accept se nis application, I hereby accept the appois o comply with the provisions of all statute of familiar with and accept the obligations	rvice of process for the above stated co ntment as registered agent and agree to s relative to the proper and complete p	rporation at the place o act in this capacity. I erformance of one
		and, , d agent's signature)	
	/ (Registered	d agent's signature)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

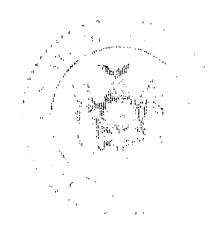
A. DIRECTORS

Chairmar	<u> </u>	_
Address:		_
Vice Cha	irman:	- -
Address:		
Director:		_
Address:		_
Director:		
Address:		
B. OFI	FICERS CLAUDIA M SAENZ QUINTERO	
	14438 DULCIMER CT, ORLANDO, FL. 32837	- -
Vice Pres	HECTOR H CARRENO BLANCO	T
	14438 DULCIMER CT, ORLANDO, FL. 32837	133
C	PATRICIA CARRENO 3	_
Secretary Address:	9133 LEE VISTA BLVD APT 502, ORLANDO, FL. 32829	_
Treasure	ANGELITA JIMENEZ	_
Address:	2488 GRAN CONCOURSE ROOM 320B, BRONX, NY, 10458	_
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) CLAUDIA M SAENZ QUINTERO - PRESIDENT,	
14	(Typed or printed name and canacity of person signing application)	

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LATINO COMMUNITY CENTER, CORPORATION was filed on 04/22/2003, under the name of IMMIGRANT COMMUNITY CENTER, CORPORATION, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment IMMIGRANT COMMUNITY CENTER, CORPORATION, changing its name to LATINO COMMUNITY CENTER, CORPORATION, was filed 03/11/2008.



SECRETARY OF STATE SECRETARY OF STATE

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of September two thousand and sixteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State