

F19000005002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
W19000094317
Grave Permission to change
2 addresses to Director - 11/4/19
Mr. Torres
Req # 00647
CUS 00544

Office Use Only



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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18502456030
FROM	Gustavo Torres
DATE	2019-11-01 14:33:11 GMT
RE	ATTN: Yvette Scott- Gedalias W19000094317

COVER MESSAGE

ATTN: Yvette Scott

Enclosed documents for Gedalias Bilingual Academy, Inc ref. numberW190000943

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01:21:00 1-866-280-5001



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2019

GUSTAVO TORRES
109 N. BEAUMONT AVE.
KISSIMMEE, FL 34741

*As requested, enclosed please find
certificate of existence and
signature on line 14.*

SUBJECT: GEDALIAS BILINGUAL ACADEMY, INC.
Ref. Number: W19000094317

We have received your document for GEDALIAS BILINGUAL ACADEMY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Yvette Scott
Document Specialist II

Letter Number: 919A00021914

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gedaliah Bilingual Academy, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Gustavo Torres
Name of Person

Firm/Company

100 N Beaumont Ave.
Address

Kissimmee, FL 34741
City/State and Zip Code

documents@cpatorres.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Gustavo Torres at (407) 913-9611
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified 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:

1. Gedalias Bilingual Academy, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Puerto Rico

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 01/07/2012

(Date of Incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5174 Mystic Point Ct, Orlando, FL 32812

(Principal office street address)

5174 Mystic Point Ct, Orlando, FL 32812

(Current mailing address, if different)

8. Religious educational services

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Yolyhalmarie Hernandez

Office Address: 174 Mystic Point Ct

Orlando

(City)

, Florida 32812

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered 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.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Christian Duchesne
 Vice Chairman Address: 174 Mystic Point Ct
 Director Orlando, FL 32812
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Yolyhalmarie Hernandez
 Vice Chairman Address: 174 Mystic Point Ct
 Director Orlando, FL 32812
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Verónica Oliveras
 Vice Chairman Address: 174 Mystic Point Ct
 Director Orlando, FL 32812
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Carmen Gonzalez
 Vice Chairman Address: 174 Mystic Point Ct
 Director Orlando, FL 32812
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: None Other: _____

Chairman Name: Maxime Fernández
 Vice Chairman Address: 174 Mystic Point Ct
 Director Orlando, FL 32812
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: None Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be intaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. [Signature]
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
 14. Yolyhalmarie Hernandez - Treasurer
 (Typed or printed name and capacity of person signing application)

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Government of Puerto Rico

CERTIFICATE OF EXISTENCE

I, **MARÍA A. MARCANO DE LEÓN**, Under Secretary of State of the Government of Puerto Rico,

CERTIFY: That, **GEDALIAS BILINGUAL ACADEMY, INC.**, registry number **307563**, is a religious nonprofit corporation organized on **January 7, 2012**.

Religious nonprofit Corporations do not file annual reports according to the General Corporations Law, as amended. A Certificate of Good Standing cannot be issued for this type of entity.

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IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **September 12, 2019**.

MARÍA A. MARCANO DE LEÓN
Under Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 11-Sep-2020.

Certificate Validation Number: 312948-87400615