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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

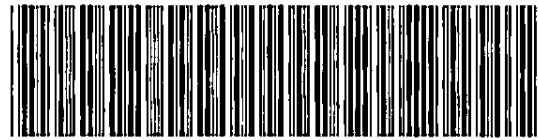
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Project Pulso, 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:

Taylor Goerl  
Name of Person

Labyrinth, Inc.  
Firm/Company

1959 Palomar Oaks Way, Suite 300  
Address

Carlsbad, CA 92011  
City/State and Zip Code

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Taylor Goerl at ( 760 ) 931-2620 ext. 217  
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. Project Pulso, 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. DE 3. 84-3897182  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/5/2019 5. Perpetual  
(Date of Incorporation) (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. 1901 Brickell Avenue, Apt. B-802, Miami, FL 33129  
(Principal office street address)

Same as street address  
(Current mailing address, if different)

8. Project Pulso is a national organization that educates the public, and especially minority and underprivileged members of the public, on a range of public interest issues facing Latinx communities.  
(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: InCorp Services, Inc.  
Office Address: 17888 67th Court North  
Loxahatchee, Florida 33470  
(City) (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.*

Oliver Mello *obo of InCorp Services, Inc.*  
(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.

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: Liz Alarcón  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director 1901 Brickell Avenue, Apt. B-802  
☒President Miami, FL 33129  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other: \_\_\_\_\_ ☐Other: \_\_\_\_\_

☐Chairman Name: \_\_\_\_\_  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director \_\_\_\_\_  
☐President \_\_\_\_\_  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other: \_\_\_\_\_ ☐Other: \_\_\_\_\_

☐Chairman Name: Luis Avila  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director 1901 Brickell Avenue, Apt. B-802  
☐President Miami, FL 33129  
☐Vice President \_\_\_\_\_  
☐Secretary ☒Treasurer  
☐Other: \_\_\_\_\_ ☐Other: \_\_\_\_\_

☐Chairman Name: Luisana Perez  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director 1901 Brickell Avenue, Apt. B-802  
☐President Miami, FL 33129  
☐Vice President \_\_\_\_\_  
☒Secretary ☐Treasurer  
☐Other: \_\_\_\_\_ ☐Other: \_\_\_\_\_

☒Chairman Name: Krysta Villeda  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director 1901 Brickell Avenue, Apt. B-802  
☐President Miami, FL 33129  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other: \_\_\_\_\_ ☐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 imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Krysta Villeda  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Krysta Villeda, Board Chair  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "PROJECT PULSO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIFTH DAY OF DECEMBER, A.D. 2019, AT 12:02 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROJECT PULSO, INC." WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER, A.D. 2019.



7736394 8315

SR# 20200348968

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202232456

Date: 01-22-20