

F20000001936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

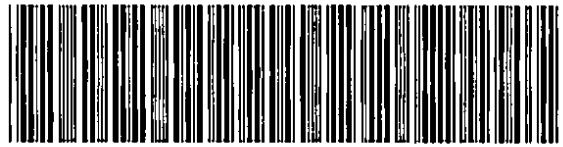
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

w20000032044

Office Use Only



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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2020

KAREN BIGORRA
9972 S.W. 147TH PLACE
MIAMI, FL 33196

SUBJECT: CINTAS FOUNDATION, INC.
Ref. Number: W20000032044

We have received your document for CINTAS FOUNDATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN NON PROFIT. Please complete and return the enclosed blank form(s).

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: 720A00006520



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Division of Corporations

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Hi Yvette,

Please see attached the form completed and signed, plus the certificate of status from NY.

Thanks,
Karen B.

RECEIVED

APR 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CINTAS FOUNDATION, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KAREN BIGORRA

Name of Person

Firm/Company

9972 S.W. 147TH PLACE

Address

MIAMI, FLORIDA 33196

City/State and Zip code

KARENBIGORRA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN BIGORRA

at (786)

878-1237

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

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

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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. CINTAS FOUNDATION, 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. NEW YORK 3. 13-1980389
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 30, 1957 5. _____
(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. 2850 DOUGLAS ROAD, CORAL GABLES, FLORIDA 33134
(Principal office street address)

8724 SUNSET DRIVE, PMB 528, MIAMI, FLORIDA 33173
(Current mailing address, if different)

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8. ALL LAWFUL PURPOSES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

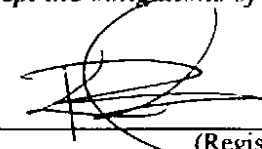
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: KAREN BIGORRA

Office Address: 9972 S.W. 147TH PLACE

MIAMI, Florida 33196
(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.



(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: Celso M. Gonzalez-Falla
 Vice Chairman Address: 109 East 64th Street
 Director New York, NY 10021
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Rafael Miyar
 Vice Chairman Address: 7155 Old Cutler Road
 Director Coral Gables, FL 33143
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Javier Casabona
 Vice Chairman Address: 1450 Brickell Avenue
 Director 18th Floor
 President Miami, FL 33131
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Raul Rodriguez
 Vice Chairman Address: 720 Carey Way
 Director Apt. 13E
 President Miami, FL 33131
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 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. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CELSO M. GONZALEZ-FALLA - PRESIDENT
(Typed or printed name and capacity of person signing application)

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State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CINTAS FOUNDATION, INC. was filed on 04/30/1957, under the name of CUBAN ART FOUNDATION, INC., 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 CUBAN ART FOUNDATION, INC., changing its name to CINTAS FOUNDATION, INC., was filed 02/13/1963.



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TALLAHASSEE, FLORIDA

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 18th day of February two thousand and twenty.

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State