

NO00000000513

TRANSMITTAL LETTER

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

600003096456--7
-01/12/00--01082--009
*****70.00 *****70.00

SUBJECT: AMIGOS DE PANAMA INCORPORATED
(Proposed corporate name - must include suffix)

FILED
00 JAN 29 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FILED
00 JAN 26 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: RUBEN BURKE
Name (Printed or typed)

2320 N.W. 182 TER
Address

CAROL CITY, FL. 33056
City, State & Zip

(305) 624-0190
Daytime Telephone number

W-1663

NOTE: Please provide the original and one copy of the articles.

1-26-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 20, 2000

RUBEN BURKE
2320 NW 182TH TERR.
CAROL CITY, FL 33056

SUBJECT: AMIGOS DE PANAMA', INCORPORATED
Ref. Number: W00000001663

We have received your document for AMIGOS DE PANAMA', INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

You must list at least one incorporator with a complete business street address.

YOU MUST LIST ONE REGISTERED AGENT NAME WITH A FLORIDA STREET ADDRESS.,

Please return the original and one copy of 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) 487-6926.

Cheryl Gallmon-Case
Document Specialist

Letter Number: 200A00002816

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

FILED
00 JAN 26 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: AMIGOS DE PANAMA, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 15155 N.W. 7 AVE
MIAMI FL 33168

MAILINGS: P.O. Box 54148
OPA-LOCKA, FL 33054

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are): TO SPONSOR AND SOLICIT
CONTRIBUTIONS ON BEHALF OF THE LESS FORTUNATES IN THE REPUBLIC
OF PANAMA.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is: NOMINATION AND ELECTION
BY THE ALL ELIGIBLE MEMBERS OF THE BOARD OF DIRECTORS
BY MAJORITY OF VOTES BY VOTING MEMBERS.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: RUBEN BURKE - 2320 N.W. 182 TER
MIAMI, FL 33056

(PRES) (305) 624-0190

(SEC) DEBRA GORDON - 2052 N.W. 20 CT. MIAMI, FL 33056

(V. SEC) MIGUEL VEGA - 500 WEST 27 ST. MIAMI, FL 33010

(TREA) CARLOS ACOSTA - 500 WEST 27 ST. MIAMI, FL 33010

(V. TREA) MARTHA LIMA - 3178-80 CORAL WAY MIAMI, FL 33145

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

RUBEN BURKE
2320 N.W. 182 TER
MIAMI, FL 33056

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date