

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ACCION CULTURAL PUERTORRIQUENA CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-06/08/00--01040--025
*****78.75 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION

FOR

FILED
00 JUN -8 PM 1:02
SECRETARY OF STATE
TALLAHASSEE FL 32304

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

ACCION CULTURAL PUERTORRIQUENA *CoRP.*

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

6515 RED ROAD, SUITE 204A
CORAL GABLES, FL, 33143

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

A Training center to help the community who suffer from child and domestic violence.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:

shall be stated in the minutes and bylaws.

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the Initial registered agent is:

IRIS PABON
2960 S.W. 69 AVE
MIAMI FL, 33155

ARTICLE VII INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

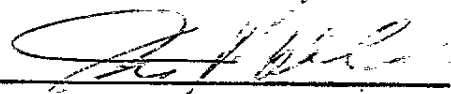
IRIS PABON
2960 S.W. 69 AVE
MIAMI FL, 33155

JEANETE FORTI
13920 S.W. 174 TR
MIAMI FL, 33174

JOSE SASTRE
557 DE SOTO DR
MIAMI FL, 33166

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
4 day of JUNE, ~~19~~ 2000

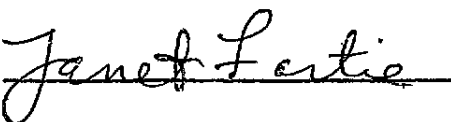
Signature(s) of the Incorporator(s)



IRIS PABON
Typed name of Incorporator signing



JOSE SASTRE
Typed name of Incorporator signing



JEANETE FORTI
Typed name of Incorporator signing

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: ACCION CULTURAL PUERTIRRIQUENA

2. The name and address of the registered agent and office is:

IRIS PABON

(NAME)

2960 S.W. 69 AVE, MIAMI FL, 33155

(P.O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

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 

DATE June 6/2008

REGISTERED AGENT FILING FEE: \$35.00

FILED
00 JUN -8 PM 1:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA