

THE ADVOCATE, INC.  
8639 N.W. 2 Ln.  
Miami, Fla. 33126

**N02000007433**

September 17, 2002

State of Florida  
Division of Corporation  
Tallahassee, Fla.

600007843006--7  
-09/19/02--01026--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Dear Sir or Madam:

Enclosed please find the filing and certification fee in the amount of \$87.50 for The Advocate, Inc., a not for profit corporation.

Thank you for your attention to this matter and if any more information is needed, please do not hesitate to contact us at the above address.

Sincerely Yours:

Michael Palma  
Secretary

FILED  
02 SEP 30 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

cc:file

my 9/30



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

September 19, 2002

MICHAEL PALMA  
8639 N.W. 2 LANE  
MIAMI, FL 33126

SUBJECT: THE ADVOCATE, INC.  
Ref. Number: W02000027352

We have received your document for THE ADVOCATE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6067.

Neysa Culligan  
Document Specialist  
New Filing Section

Letter Number: 402A00053531

# **ARTICLES OF INCORPORATION FOR THE TOWN ADVOCATE, INC.**

The undersigned does hereby adopt the following Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

FILED  
02 SEP 30 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **I**

### **NAME OF THE ORPORATION**

The name of the corporation shall be **The Town Advocate, Inc.**

## **II**

### **PRINCIPAL PLACE OF BUSINESS**

The initial place of business address shall be 8639 N.W. 2 Ln. Miami, Florida 33126.

## **III**

### **PURPOSE**

The corporation is organized for charitable, educational, disaster relief, and economical development of depressed communities purposes, including, for such purposes, the making of distribution to organizations that qualify as exempt organizations under section 501( c )(3) of the Internal Revenue Code or the corresponding section of any future federal tax code.

## **IV**

### **DISSOLUTION OF ASSETS**

Upon the dissolution of the corporation, assets of the corporation shall be distributed for one or more exempt purposes within the meaning of section 501( c )(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the Federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated for such purposes.

## **V**

### **NONDISCRIMINATORY POLICY**

This organization does not discriminate because of race, color, religious, sexual preference, or national and ethnic origin.

## **VI**

### **BOARD OF DIRECTOR**

All the corporate powers shall be exercised by and under the authority of, and the business affairs of the Corporation shall be managed under the direction of The Board of Directors. The number of Directors may be increased or decreased from time to time in accordance with the By-Laws of the Corporation, but shall never be less than three.

## **VII**

### **INITIAL BOARD OF DIRECTORS**

Mr. Michael Palma  
8639 N.W. 2 Ln.  
Miami, Fla. 33126

Mr. Joaquin Obeso  
8625 N.W. 8 St. #310  
Miami, Fla. 33126

Mr. Craig Klomparens  
333 S.W. 187 Terr.  
Pembroke Pines, Fla. 33029

## **VIII**

### **INCORPORATOR**

The name and address of the incorporator is/are as follows:

Mr. Michael Palma  
8639 N.W. 2 Ln.  
Miami, Fla. 33126

Mr. Joaquin Obeso  
8625 N.W. 8 St. #310  
Miami, Fla. 33126

### **REGISTERED AGENT**

## **IX**

The office of this Corporation's initial registered agent shall be 8639 N.W. 2 Ln. Miami, Fla. 33126, and the initial registered agent shall be Michael Palma.

X

## COMMENCEMENT AND DURATION

The Corporation is to commence its corporate existence on the date of subscription and acknowledgement of these Articles of Incorporation and shall exist thereafter perpetually until dissolved by law.

XI

## INFORMAL DIRECTOR ACTION

If all the directors severally or collectively consent in writing to any action taken by the Corporation, and the writings evidencing their consent are filed with the Secretary of the Corporation, the action shall be as valid as though it had been authorized at a meeting of the Board of Directors.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation in the State of Florida this \_\_\_\_\_ day of \_\_\_\_\_ 2002.

\_\_\_\_\_  
Michael Palma, Incorporator  
F.D.L. Number \_\_\_\_\_

\_\_\_\_\_  
Joaquin Obeso, Incorporator

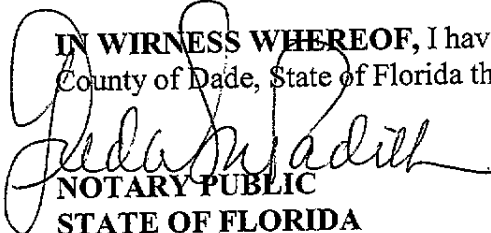
STATE OF FLORIDA

ss:

COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Michael Palma and Joaquin Obeso, who produced Florida Driver's Licenses as identification and who executed the foregoing Articles of Incorporation as the Incorporators, and they acknowledged to and before me that they executed the same for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in the City of Miami, County of Dade, State of Florida this 27th of September 2002.

  
NOTARY PUBLIC  
STATE OF FLORIDA  
At Large.

My commission expires:



Gilda M. Padilla  
MY COMMISSION # DD108405 EXPIRES  
AUGUST 1, 2006  
BONDED THROUGH TROY FARM INSURANCE, INC.

**ACCEPTANCE BY REGISTERED AGENT  
OF  
THE TOWN ADVOCATE, INC.**

I, Michael Palma, as registered agent of **THE TOWN ADVOCATE, INC.**, a Florida Corporation, hereby state that I am familiar with and accept the duties and responsibilities as registered agent of said Corporation.

**REGISTERED AGENT**

  
\_\_\_\_\_  
**Michael Palma**  
**F.D.L. Number E-**

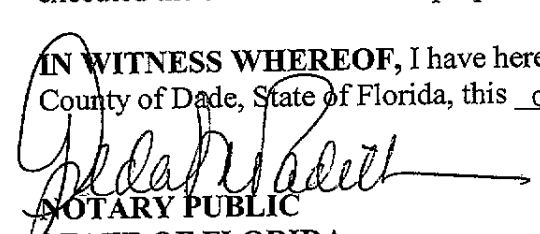
**STATE OF FLORIDA**

**ss:**

**COUNTY OF DADE**

**BEFORE ME**, the undersigned authority, personally appeared Michael Palma who produced a Florida Driver's License as identification, and who executed the foregoing Acceptance by Registered Agent, and he acknowledged to and before me that he executed the same for uses and purposes therein mentioned and set forth.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal in the City of Miami, County of Dade, State of Florida, this 27th of September 2002.

  
**NOTARY PUBLIC**  
**STATE OF FLORIDA**  
**At Large.**

My commission expires:



**Gilda M. Pachita**  
MY COMMISSION # DD108605 EXPIRES  
August 1, 2006  
BONDED THRU TROY PAW INSURANCE, INC.

**FILED**  
**02 SEP 30 PM 1:57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**