

No3000000241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

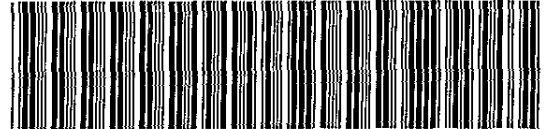
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

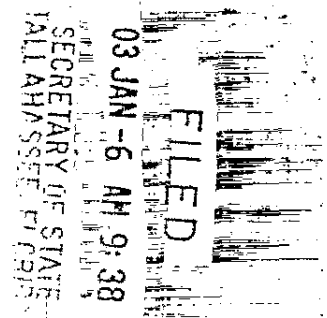
Special Instructions to Filing Officer:

Office Use Only



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01/06/03--01055--014 *\$87.50



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TRANSMITTAL LETTER

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

SUBJECT: CSA & REFERRAL PROGRAM, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

FROM: Astrid F Quintanilla
Name (Printed or typed)

2147 NW 2st

Address

Miami, FL 33125

City, State & Zip

786-286-7790

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

CSA & REFERRAL PROGRAM, INC.

ARTICLE II PRINCIPAL OFFICE

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

Mailing Address:

P.O. Box 610134

North Miami, FL 33261-0134

Place of business: From Home

2147 NW 2 St

Miami FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist and track individuals while searching and /or performing community service hours. In addition we will be referring individuals to a variety of places where they need help for different aspects of their lives.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The director will be appointed by majority vote of the administrative staff of the company and key individuals from the board

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Astrid Quintanilla

2147 NW 2 St

Miami FL 33125

ARTICLE VII INCORPORATOR

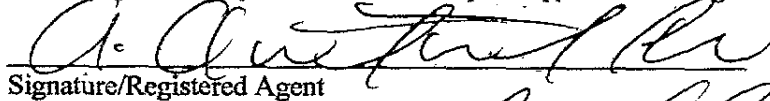
The name and address of the Incorporator is:

Astrid F Quintanilla

P.O.Box 610134

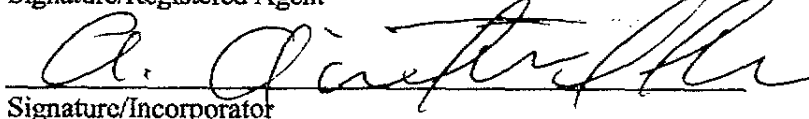
North Miami FL 33261-0134

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent

1/2/03

Date


Signature/Incorporator

1/2/03

Date

FILED
03 JAN -6 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA