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(Requestor's Name) (Address) (Address)	200024485932
(City/State/Zip/Phone #)	11/10/0301025013 **78.75
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	D3 DEC 12 PH 2: 00
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BM ILLIS



# TRANSMITTAL LETTER

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

# SUBJECT: MANA de ORLANDO (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 Filing Fee & Certificate of Status S78.75 Filing Fee & Certified Copy

ADDITIONAL COPY REQUIRED

FROM: Olivia Triana

Name (Printed or typed)

646 Ocoee Commerce Parkway

Address

Ocoee, FI 34761

City, State & Zip

407-877-4501

Daytime Telephone number

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



December 9, 2003

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Becky McKnight, Document Specialist Florida Department of State New Filings Section - 203A00063296 P O Box 6327 Tallahassee, Fl 32314

REF. Number: W03000034997

Ms. McKnight:

We are in receipt of your letter dated November 21, 2003 and have updated the form accordingly.

Should you need additional information, please feel free to contact me at the number above.

Thank you. und lunaccy Olivia Triana, Vice President

MANA de Orlando, INC.

OT/sh

Attachments

# **ARTICLES OF INCORPORATION**

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

# ARTICLE I NAME

The name of the corporation shall be: MANA DE ORLANDO, INC. FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

03 DEC 12 PM 2:01

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 646 Ocoee Commerce Parkway Ocoee, FI 34761

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To improve the quality of life for all Hispanics through community projects to develop young and old adult women into leadership positions.

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: Voting of the members

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Denise Harrison, 505 Lake Marian, Winter Haven, FL 33884, President Olivia Triana, 917 Via Bianca Drive, Davenport, FL 33896 Kirsten Palacios, 4154 Middlebrook Rd #935, Orlando, FL 32811 Rebecca DeLarosa, 2001 Old St. Augustine Rd #J203, Tallahassee, FL 32301

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Olivia Triana 646 Ocose Commerce Parkway Ocose, FL 34761 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Olivia Triana 646 Ocoee Commerce Parkway Ocoee, FL 34761

\*\*\*\*\*\*\*

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 Date Date Signature/Incorporator