N05000010805

(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:

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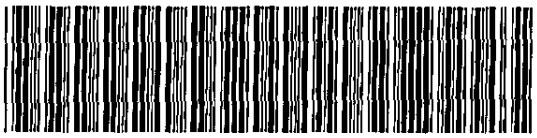

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FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: HIJOS DE LAS ANTILLAS 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: VICTOR RESTO
Name (Printed or typed)

3118 AUDOBON PL.
Address

KISSIMMEE FL. 34743
City, State & Zip

(407) 301-0205
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

HIJOS DE LAS ANTILLAS INC.
(SONS OF THE ANTILLES INC)

ARTICLE II PRINCIPAL OFFICE

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

3118 AUDUBON PL.
KISSIMMEE FLA. 34743

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROMOTION AND PRESERVATION OF THE MUSIC, HERITAGE, CULTURE AND FOLKLORE OF THE ANTILLES.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY MAJORITY OF VOTES

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

VICTOR RESTO - (PRES). 3118 AUDOBON PL. KISSIMMEE FLA. 34743
HECTOR RAMOS (VICE-PRES) 2926 CANOE CIR. ST. CLOUD FLA. 34772
ROSA NAZARIO (SECRE) - 3118 AUDOBON PL. KISSIMMEE FLA. 34743

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

VICTOR RESTO
3118 AUDOBON PL.
KISSIMMEE FL. 34743

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

VICTOR RESTO
3118 AUDOBON PL.
KISSIMMEE FL. 34743

****

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 – VICTOR RESTO — Date 10/18/05

Signature/Incorporator – VICTOR RESTO — Date 10/18/05