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(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



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## **COVER LETTER**

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

SUBJECT: Rate	v Urbano	Community NAME-MUST INCLUD	Center, la		
	(PROPOSED CORPORATE	e name – <u>Must Includ</u>	E 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 CO	PY REQUIRED		
	,				
FROM:	Tori Cok Name (Prin	nted or typed)	-		
2419 S. Ferncreek Avr. Apt. B					
Orlando, FL 32806 City, State & Zip					
407.590-6262 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) The name of the corporation shall be: Urbano Community Center, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: Avalon Lake Dr., Apt 211, Orlando, FL ARTICLE III PURPOSE The purpose for which the corporation is organized is: to run a community center educating and mentoring youth of color. ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: The Directors will be appointed by staff and membership the Center. ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS Christian Martir, 12001 Avalon Late Dr., Apt. 211 Orlando, FL 32828, Co-coordinator Tyrna Caban, 2007 Chamberlin St., Orlando, FL 32806, Co-coordinator Tori Cole, 2419 S. Ferncreek Ave., Apt. B, Orlando, FL 32806, Secretary INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Martir, 12001 Avalon Lake Dr., Apt. 211, Orlando, FL 32821 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Tori Cole, 2419 S. Ferncreek Ave, Apt. B, Orlando, FL 32806 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

Signature/Incorporator