# 1090001437

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
		,	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		:	
:			

Office Use Only



500142778135

02/05/09--01027--022 \*\*78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 FFB -5 PM 3: 57

क् यायाव

### **COVER LETTER**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2009 FEB -5 PM 3: 57

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

. 4

SUBJECT: MUNIMUNICIPIO DE CABAIGUAN (EXILIO) – MUNICIPALITY OF CABAIGUAN (EXILIO) – MUNICIPALITY (EXILIO) – MUNICIPAL

Enclosed is an original a	and one(1) copy of the Art	icles 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

VI:	Juan M. Ferez-Crespo
	Name (Printed or typed)
	<b>,</b> ,
	4635 SW 89th Place
	Address
	***************************************
	Milami, FL 33165
	City, State & Zip
	- · · · · · · · · · · · · · · · · · · ·
	005 005 0040
	305-265-2210
	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)

SECRETARY OF STATE DIVISION OF CORPORATIONS

2009 FEB -5 PM 3: 57

#### ARTICLE I NAME

The name of the corporation shall be: MUNICIPALITY OF CABAIGUAN IN EXILE, CORP. MUNICIPIO DE CABAIGUAN

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: PLACE OF BUSINESS: 4716 SW 75<sup>TH</sup> AVENUE MIAMI, FL 33155

#### <u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is: COMMUNITY SERVICES AND HELP PEOPLES IN NEED FROM OUR MINORITY GROUP

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: BY MAJORITY OF VOTE

#### ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

address(es) and List name(s),

specific title(s):

JUAN M. PEREZ-CRESPO, 4635 SW 89 PLACE, MIAMI, FL 33165

PRESIDENT

MELBA M HOWARD

· 10390 SW 68<sup>TH</sup> LANE, MIAMI, FL 33173

SECRETARY

**ELSA CRESPO** 

4100 MONSERRATE ST

**TREASURER** 

CORAL GABLES, FL 33146-1206

#### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: JUAN MANUEL PEREZ-CRESPO, 4635 SW 89 PLACE, MIAMI, FL 33165

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: JUAN MANUEL PEREZ-CRESPO, 4635 SW 89 PLACE, MIAMI, FL 33165

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.

istered Agent

Date

Juan M. Perez Crespo

Signature/Incomporator

Date

Juan M. Perez Crespo

## STATE OF FLORIDA Country of Miami-Dade

BEFORE ME, the undersigned authority, personally appeared

JUAN MUPEREZ-CRESPO

Who are to me well know to be the persons described in and who subscribed the articles of incorporation, and they did freely and voluntarily acknowledge to and before me according to law that they made and subscribed the same for the used and purposes therein mentioned and before me according to law that they made and subscribed the same for the used and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I Have here unto set my hand Official seal at Miami, Miami-Dade County, Florida, this 2<sup>nd</sup> day of February, 2009

NOTARY BURLIC State of Florida

My commission expires:

