# N0900000 7011

(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:				
W9-31193				
Office Use Only				



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FILED

2009 JUL 17 PN 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUL 20 2009

### **COVER LETTER**

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

SUBJECT: ALBOR BO	DLIVIANO, INC. (PROPOSED CORPORATI	E NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed is an original a  \$70.00 Filing Fee	sind one(1) copy of the Article \$78.75 Filing Fee & Certificate of Status	sof Incorporation and a \$\frac{1}{2}\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate	
FROM: ERNESTO CABALLERO  Name (Printed or typed)				
108 GUM STREET Address				
ALTAMONTE SPRINGS, FL 32714 City, State & Zip			_	
	407-739-7774		_	

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

Daytime Telephone number



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2009

ERNESTO CABALLERO 108 GUM STREET ALTAMONTE SPRINGS, FL 32714

SUBJECT: ALBOR BOLIVIANO, INC.

Ref. Number: W09000031193

We have received your document for ALBOR BOLIVIANO, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 009A00023144

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## 2009 JUL 17 PN 4:: Secretary of Stat

#### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

#### ALBOR BOLIVIANO, INC

#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: Street Address: 108 Gum St., Altamonte Springs, FL 32714 Mailing Address: P.O. Box 161211, Altamonte Springs, FL 32716

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Our Mission is to promote the diffusion of the Bolivian Culture through Music and Folkloric Dances.

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The Directors of Albor Boliviano, Inc. will be elected by vote.

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

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

Ernesto Caballero (Director) 108 Gum St, Altamonte Springs, FL 32714

Jeannette Luthi (Secretary) 154 Varsity Circle, Altamonte Springs, FL 32714

Jorge Elias (Treasurer) 27 Spring Ridge Drive, DeBary, FL 32713

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

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

Ernesto Caballero 108 Gum St., Altamonte Springs, FL 32714

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ernesto Caballero 108 Gum St., Altamonte Springs, FL 32714

**************************************	++**++********************************
in this certificate I am familiar with and accept the appointment	ent as registered agent and agree to act in this capacity.
TAD IN A	07 / 14 / 09
Signature Registered Agent	Date
- <del>                                     </del>	07 / 14 / 09
Signature/Incorporator	Date