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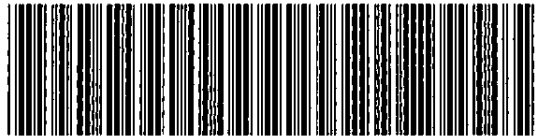
(Business Entity Name)

(Document Number)

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8-7-09

## COVER LETTER

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

**SUBJECT: Via Dolorosa Re-entry Development and Counseling, 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 ☐ \$78.75

☒ \$78.75 ☐ \$87.50

Filing Fee Filing Fee & Filing Fee Filing Fee,

**ADDITIONAL COPY REQUIRED**

FROM:

Certificate of & Certified Copy Certified Copy  
Status & Certificate

Name (Printed or typed)  
Address

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

Peter & Melissa Colon  
4689 SW Cocoa St.  
Port Saint Lucie, FL  
34953  
(561) 603-8220  
upcolon08@yahoo.com

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

Via Dolorosa Re-Entry Development and Counseling, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4689 S.W. Cacao Street  
Port Saint Lucie, Fl. 34953

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Said corporation is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS**

The corporation shall have no voting members. The management and affairs of the corporation shall be at all times under the direction of a Board of Directors, whose operations in governing the corporation shall be defined by statute and by the corporation's by-laws. No Director shall have any right, title, or interest in or to any property of the corporation.

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

- 1) Peter J. Colon-4689 S.W. Cacao St. Port Saint Lucie, Fl. 34953-President
- 2) Melissa J. Colon-4689 S.W. Cacao St. Port Saint Lucie, Fl. 34953-Vice President
- 3) Gino Goodstadt-1269 S.W. Malaga Ave. Port Saint Lucie, Fl. 34953- Treasurer

**ARTICLE V DEBT OBLIGATIONS AND PERSONAL LIABILITY**

No member, officer or Director of this corporation shall be personally liable for the debts or obligations of this corporation of any nature whatsoever, nor shall any of the property of the members, officers or Directors be subject to the payment of the debts or obligations of this corporation.

**ARTICLE VI. ARTICLE DISSOLUTION**

Upon the time of dissolution of the corporation, assets shall be distributed by the Board of Directors, after paying or making provisions for the payment of all debts, obligations, liabilities, costs and expenses of the corporation, for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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PORT SAINT LUCIE, FL 34953

**ARTICLE VII INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Melissa J. Colon - 1645 Palm Beach Lakes Blvd. West Palm Beach, Fl.

**ARTICLE VIII INCORPORATOR**

The name and address of the Incorporator is:

Peter J. Colon-4689 S.W. Cacao Street Port Saint Lucie, Fl. 34953

\*\*\*\*\*  
*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

Signature/Incorporator Date

*Melissa J. Colon* 8-4-2009  
*Peter J. Colon* 8-3-2009  
*Peter J. Colon*

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