

N09000009037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

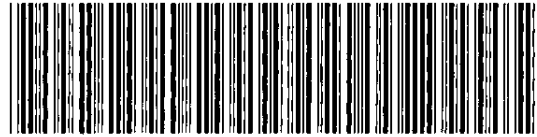
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/15/09--01007--024 **78.75

RECEIVED
09 SEP 15 AM 11:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 SEP 15 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VH

ECFS

EXPRESS CORPORATE FILING SERVICE, INC
1000 PONCE DE LEON BLVD., STE: 101
CORAL GABLES, FL 33134
PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ENTRE CUBANOS CORP
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

APPROVED
AND
FILED

AFFIDAVIT

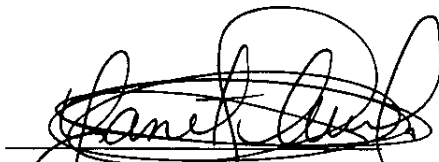
09 SEP 15 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

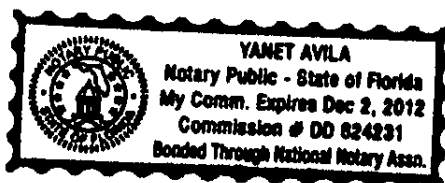
I ARMINDA M. MELENDEZ FORMER PRSIDENT/DIRECTOR OF
ENTRE CUBANOS CORPDOC. # P09000070562 HEREBY STATE THAT I
HAVE NO INTENTIONS OF REVOCATING THE DISSOLVED
CORPORATION.


ARMINDA M. MELENDEZ

STATE OF FLORIDA
COUNTY OF DADE


NOTARY PUBLIC
YANET AVILA

SEAL:



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

APPROVED
AND
FILED

09 SEP 15 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
Entre Cubanos Corp

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
420 NW 114 Ave # 101 Miami, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Non-Profit Organization will receive funds to help families in need, remodel their home once a change in the democracy in Cuba.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
By-Minutes & By-Laws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Arminda M. Melendez - 420 NW 114 Ave # 101 Miami, FL 33172 - President & Registered Agent
Yosviel Quintero - 420 NW 114 Ave # 101 Miami, FL 33172 - Secretary
Monica L. Sanchez - 420 NW 114 Ave # 101 Miami, FL 33172 - Vice-President
Mauricio A. Silvera - 420 NW 114 Ave # 101 Miami, FL 33172 - Vice-President

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

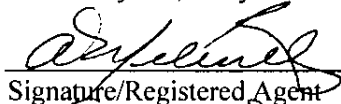
Arminda M. Melendez
420 NW 114 Ave # 101
Miami, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Arminda M. Melendez
420 NW 114 Ave # 101
Miami, FL 33172

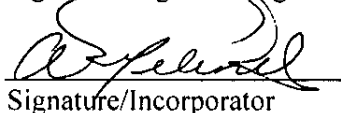
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

09/01/09

Date



Signature/Incorporator

09/01/09

Date