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SECRE IARY OF STATE.

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J. Shivers DEC 01 Med 9.5054



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2009

DONA KRIETE 2846 NW 4TH TERR CAPE CORAL, FL 33993

SUBJECT: LATIN AMERICAN MOTORCYCLE ASSOCIATION (LAMA) OF FT

MYERS INC.

Ref. Number: W09000051094

We have received your document for LATIN AMERICAN MOTORCYCLE ASSOCIATION (LAMA) OF FT MYERS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2010 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 409A00036014

COVER LETTER

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

SUBJECT: Latin American Motorcycle Association (LAMA) of Ft Myers 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 iling Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL COP	Y REQUIRED		
FROM:	Dona Kriete		TALLA	08 AON 6002	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name (Printed or typed)		HAS TA	YOY:	-
	2846 NW 4th Terrace	RY O SEE,			
	Address		FLOR	PH :	
	Cape Coral, FL 33993			·· 50	-
	City, St	ate & Zip			
	239-898-4765				
	Daytime Telephone number				
	gimpy122@aol.com				
	E-mail address: (to be used for fu	ture annual report notification)		

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

The name of the corporation shall be:

Latin American Motorcycle Association of Ft. Myers Inc

ARTICLE II PRINCIPAL OFFICE

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

1002 Rose Ave

Mailing Address: PO Box 50116

Ft Myers, FL 33919

Ft Myers, FL 33994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Latin American Motorcycle Association is a Not for Profit Apolitical Corporation that fosters and promotes the sport of moto-touring. The Chapter organizes safe and exciting pleasure rides for members and prospects, as well as participates in and organizes events to support many of our local charitable organizations, for the betterment of our community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Officers are elected by majority vote of members, in accordance with our by-laws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

1002 Rose Ave

415 Broadmoor St

2846 NW 4th Terrace

Ralph E Ramos, President Reynaldo Gonzales, Vice President Dona M Kriete, Treasurer Mary Ann Rivera, Secretary

2931 21st St SW

Ft-Myers, FL 33916

Lehigh Acres, FL 33974

Cape Coral, FL 33993 - Lehigh Acres, FL 33976

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ralph E Ramos 1002 Rose Ave Ft Myers, FL 33916

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ralph E Ramos 1002 Rose Ave

Ft Mvers, FL 33916

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

Signature/Registered Agent

11-27-09

Signature/Incorporator