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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

MHS 1971 Class Reunion Corp. not for profit

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

** Note: not for profit is part of the name per
Clients request... Thank you.*

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

SUBJECT: MHS1971 Class Reunion Corp. not for profit
(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
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Miguel San Pedro

Name (Printed or typed)

245 S.E. 1st Street Suite 214

Address

Miami, Florida 33131

City, State & Zip

305 3738211

245 S.E. 1st Street Suite 214
Phone Number

Miguelsanp@aol.com

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

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

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

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ARTICLE I NAME

The name of the corporation shall be: **MHS Class Reunion Corp. not for profit**

ARTICLE II PRINCIPAL OFFICE

Principal street address
245 S.E. 1st Street Suite 214
Miami, Florida 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this corporation will be to hold public meeting events to raise revenue for educational purposes, making Miami Senior High School the beneficiary of any revenue generated by these events. Any gifts made to the school shall be for the improvement of the school and or for other educational purposes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cory Cibrán Director	Name and Title: _____
Address: 9950 S.W. 121 Street	Address: _____
Miami, Florida 33176	_____

Name and Title: Miguel San Pedro Director	Name and Title: _____
Address: 245 S.E. 1st Street Suite 214	Address: _____
Miami, Florida 33131	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: **Miguel San Pedro**
Address: **245 S.E. 1st Street Suite 214**
Miami, Florida 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Miguel San Pedro**
Address: **245 S.E. 1st Street Suite 214**
Miami, Florida 33131

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

Required Signature of Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator

Date

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