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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01-58-01  
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## COVER LETTER

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

SUBJECT: Free Advocate Services of America Corp

(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: Gilbert Medina

Name (Printed or typed)

15757 Pines Blvd # 112

Address

Pembroke Pines Florida 33027

City, State & Zip

(305) 896-6681

15757 Pines Blvd Telephone number

Memoryofyolanda@comcast.net

E-mail address: (to be used for future 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: Free Advocate Services of America Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15757 Pines Blvd # 112  
Pembroke Pines, Florida 33027

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To assist the elderly and disabled in obtaining services available to them in the private and public sectors

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

Majority vote

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

Name and Title: <u>Gilbert Medina/President</u>	Name and Title: _____
Address: <u>15757 Pines Blvd # 112</u>	Address: _____
<u>Pembroke Pines, Florida 33027</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Gilbert Medina  
Address: 15757 Pines Blvd # 112  
Pembroke Pines, Florida 33027

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gilbert Medina  
Address: 15757 Pines Blvd # 112  
Pembroke Pines, Florida 33027

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

Gilbert Medina  
Required Signature of Registered Agent

10-16-10  
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.

Gilbert Medina  
Required Signature of Incorporator

10-16-10  
Date

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TALLAHASSEE, FLORIDA