

N10000010273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

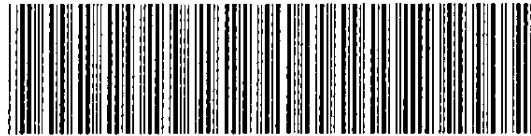
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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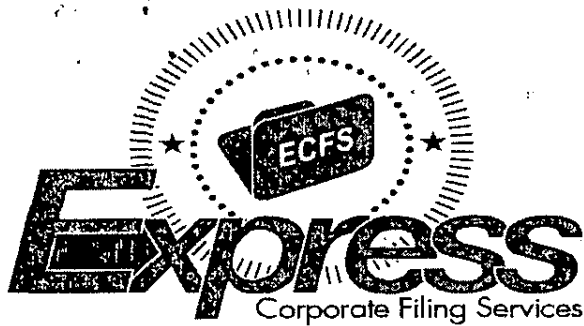
11/04/10--01002--016 **78.75

RECEIVED
10 NOV -4 AM 9:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 NOV -4 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VH



1000 Ponce De Leon Blvd - Suite 101
Coral Gables, FL 33134
Tel: 305-444-4994 - Fax: 305-444-4977
Email: filing@ecfsfiling.com

OFFICE USE ONLY

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

1. CAMARA DE COMERCIO LATINA MIAMI GARDENS / OPA
(Corporation Name) (Document #)
2. _____ LOCKA, INC.
(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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CAMARA DE COMERCIO LATINA MIAMI GARDENS/OPA LOCKA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

13201 NW 28 AVE.

NO. 220

OPA LOCKA, FL 33054

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHAMBER OF COMMERCE IN THE CITY OF MIAMI GARDENS AND OPALOCKA WHICH ORGANIZES EVENTS AND SEMINARS FOR THE CITY MEMBERS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

BY MINUTES AND BY-LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REINALDO VALDES (P/D)

Address: 13201 NW 28 AVE.

NO. 220

OPA LOCKA, FL 33054

Name and Title: BIENVENIDO HERNANDEZ (V/D)

Address: 13201 NW 28 AVE.

NO. 220

OPA LOCKA, FL 33054

Name and Title: MARIA VLADEZ (S/D)

Address: 13201 NW 28 AVE.

NO. 220

OPA LOCKA, FL 33054

Name and Title: ERNESTO BERNAL (T/D)

Address: 13201 NW 28 AVE.

NO. 220

OPA LOCKA, FL 33054

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: REINALDO VALDES

Address: 13201 NW 28 AVE

NO. 220

OPA LOCKA, FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: REINALDO VALDES

Address: 13201 NW 28 AVE

NO. 220

OPA LOCKA, FL 33054

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 NOV -4 AM 8:10
FILED

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

R. Valdes

Required Signature of Registered Agent

11-03-2010

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.

R. Valdes

Required Signature of Incorporator

11-03-2010

Date