

N10000010807

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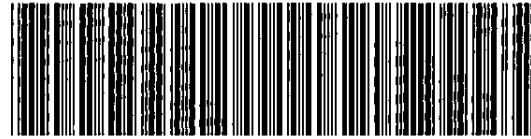
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W10000047871



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10/07/10--01011--016 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 NOV 16 PM 4:24

11/18/10

COVER LETTER

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

SUBJECT: Italian International Parents Association,
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Inc.

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: Christine Rabi
Name (Printed or typed)

1811 SW 24th Terrace
Address

Miami, FL 33145
City, State & Zip

(305) 301-1401
Daytime Telephone number

crabi88@hotmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2010

CHRISTINE RABI
1811 SW 24TH TERRACE
MIAMI, FL 33145

SUBJECT: ITALIAN INTERNATIONAL PARENTS ASSOCIATION (IIPA)
Ref. Number: W10000047871

We have received your document for ITALIAN INTERNATIONAL PARENTS ASSOCIATION (IIPA) and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Bylaws are not filed with this office. Please retain them for your records.

An effective date may be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6973.

Claretha Golden

Regulatory Specialist II
New Filing Section

Letter Number: 410A00024144

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be: Italian International Parents Association, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1650 Coral Way # 701 Miami FL 33145

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To work with school Administrators ,Italian teachers,Italian Consulate and ODLI promote Italian Program in Miami County Schools,support Italian teachers,ensure curriculum is being met and organize fundraising and cultural events for our children

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

by ballot annually

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Conchita Fernandez President
Address: 1650 Coral Way apt 701, Miami FL 33145

Name and Title: Vincenza Michienzi Secretary
Address: 495 Brickell Ave # 4804 Miami FL 33131

Name and Title: Roberto Pagani Vice President
Address: 2127 SW 16 Ter Miami FL 33145

Name and Title: Mariua Galli Stampino Recording secretary
Address: 115 Mendoza Ave #502 Coral Gables FL 33134

Name and Title: Chris Rabi treasurer
Address: 1811 SW 24 ter Miami FL 33145

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

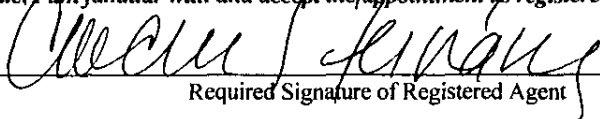
Name: Conchita Fernandez
Address: 1650 Coral Way #701 Miami FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vincenza Michienzi
Address: 495 Brickell Ave #4804 Miami FL 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

11/11/2010

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.


Required Signature of Incorporator

11/11/2010

Date