

N100000/1737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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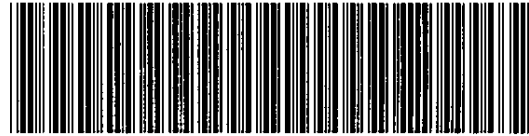
(Business Entity Name)

(Document Number)

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FILED
10 DEC 20 PM 4:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
12/21

COVER LETTER

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

SUBJECT: PRO-SIGNVM Society, 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
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: Maikel Arista-Salado

Name (Printed or typed)

2054 SW 22nd Ter

Address

Miami, Florida 33145

City, State & Zip

(786) 281-3428

2054 SW 22nd Ter Telephone number

aristashr@gmail.com

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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME PRO-SIGNVM Society, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2054 SW 22nd Ter
Miami, Florida 33145

Mailing address, if different is:
2054 SW 22nd Ter
Miami, Florida 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

1. To create, promote and maintain a symbols research center, especially focused on Latin American symbols;
2. To create, promote and maintain an archive and museum of such symbols.

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

Directors are appointed by the Chairman.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maikel Arista-Salado
Address: 2054 SW 22nd Ter
Miami, Florida 33145

Name and Title: Juan Jose Morales
Address: 12235 N 16th Street, Apt. 114-E
Tampa, Florida 33612-4980

Name and Title: Gustav Tracchia, Vicechairman
Address: 82-67 Austin Street, Apt. 205
Kew Gardens, NY 11415

Name and Title: _____
Address: _____

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: Maikel Arista-Salado
Address: 2054 SW 22nd Ter
Miami, Florida 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maikel Arista-Salado
Address: 2054 SW 22nd Ter
Miami, Florida 33145

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

12/14/2010

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

12/14/2010

Date