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2011 JAN -7 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JAN 10 2011

## COVER LETTER

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

SUBJECT: PAPA TOMAME EN CUENTA, 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: MANUEL MEJIA  
Name (Printed or typed)

142 SUE DRIVE  
Address

ALTAMONTE SPRING, FL 32714  
City, State & Zip

407-953-7801

142 SUE DRIVE Telephone number

manuelmejia71@yahoo.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)

**FILED**

**ARTICLE I NAME**

PAPA TOMAME EN CUENTA, INC.

2011 JAN -7 PM 4: 41

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

142 SUE DRIVE

ALTAMONTE SPRING, FL 32714

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purposes of this corporation are limited to exclusively to exempt purposes within the meaning of Section 501(c) (3) of the Internal Revenue Code." Our activities will be focus to combat family deterioration in the areas as: prevention, health and education. Also, it will involve counseling to the parents in order to prevent cruelty to children.

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

as stated in the bylaws.

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

Name and Title: Manuel Mejia President

Address: 142 Sue Dr  
Altamonte Spring, FL 32714

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Malvina Helen Del Castillo President

Address: 142 Sue Dr.  
Altamonte Springs, FL 32714

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: MALVINA HELEN FELIZ DEL CASTILLO Secretary

Address: 142 SUE DRIVE  
ALTAMONTE SPRINGS FL 32714

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: Malvina Helen Del Castillo

Address: 142 Sue Dr.  
Altamonte Springs, FL 32714

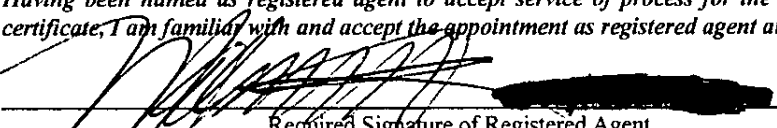
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Manuel Mejia

Address: 142 Sue Dr.  
Altamonte Springs, FL 32714

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

1/5/2011  
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

1/5/2011  
Date