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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

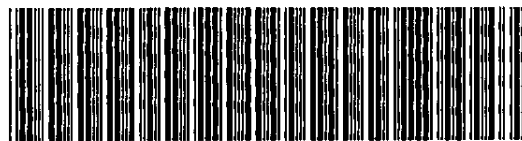
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2011 MAY 16 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAY 17 2011

COVER LETTER

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

SUBJECT: ALLIANCES FOR A BETTER LIFE, 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: Raul R. Delgado de Armas
Name (Printed or typed)

4000 Ponce de León Blvd, Suite 470
Address

Coral Gables, FL 33146
City, State & Zip

305-777-0432
Daytime Telephone number

rdelgado@rdalaw.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)

ARTICLE I NAME

The name of the corporation shall be: ALLIANCES FOR A BETTER LIFE, CORP.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

13615 South Dixie Hwy, Suite 550
Miami, FL 33176

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Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Our purpose is to coordinate various assets and resources of both governmental and private origin to assist refugees, homeless and other disadvantaged individuals.

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

Through an annual meeting of the board of Trustees.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oneliz Fajardo, Director

Address: 13615 South Dixie Hwy, Suite 550
Miami, FL 33176

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Raul P. Delgado de Aimes, Esq.

Address: 4000 Ponce de Leon Blvd, Suite 470
Orlando, FL 32816

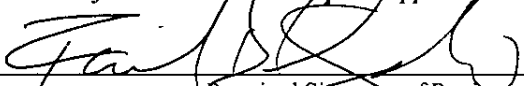
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Raul P. Delgado de Aimes, Esq.

Address: 4000 Ponce de Leon Blvd, Suite 470
Orlando, FL 32816

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

05/11/2011

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

05/11/2011

Date

Raul Delgado de Aimes, Esq.