

N11000007898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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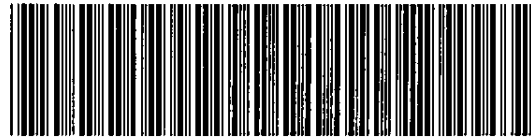
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K 08/09/11

COVER LETTER

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

SUBJECT: Fundacion Angel Mariposa, 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: Maria Ruiz
Name (Printed or typed)

3700 COLLINS AVE. S-310
Address

Miami Beach, Fl. 33140.
City, State & Zip

305. 999. 5272.
Daytime Telephone number

Fundacion. Angelmariposa @6mail.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: **FUNDACION ANGEL MARIPOSA, CORP.**

ARTICLE II PRINCIPAL OFFICE:

**3700 COLLINS AVENUE. APT. S-310
MIAMI BEACH, FL. 33140**

ARTICLE III PURPOSE:

Said corporation is organized exclusively for charitable and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

It will work for women victims of domestic violence and children to break that cycle and bring them back to a productive society where they can perform in any area of your interest making it their living and for a dignified life.

ARTICLE IV MANNER OF ELECTION:

By officers appointment.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS:

Name and Title: **MARIA DE LOURDES RUIZ**

DIRECTOR

3700 COLLINS AVENUE S-310

MIAMI BEACH, FL. 33140

Name and Title: **MARTHA L. RUIZ-CAMPO**

DIRECTOR

20965 Del casa Dr.

BOCA RATON, FL. 33433

Name and Title: **MARTHA L. VALLEJO**

DIRECTOR

2600 NE 135 ST APT. 35

MIAMI, FL. 33181

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CLERK OF DISTRICT COURT
JAIL MASSIE FLORIDA

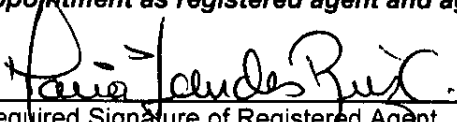
ARTICLE VI REGISTERED AGENT:

**Name: MARIA DE LOURDES RUIZ
Address: 3700 COLLINS AVE S-310
MIAMI BEACH, FL. 33140**

ARTICLE VII INCORPORATOR:

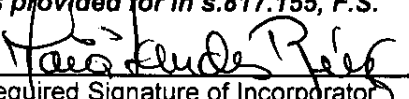
**Name: MARIA DE LOURDES RUIZ
Address: 3700 COLLINS AVENUE S-310
MIAMI BEACH, FL. 33140**

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

08/15/2011
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

08/15/2011
Date

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TALLAHASSEE, FLORIDA