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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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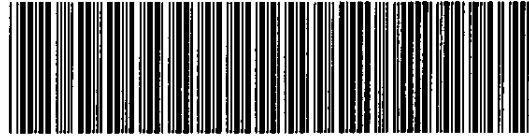
(Business Entity Name)

(Document Number)

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J. S. Myers SEP 27 2011
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COVER LETTER

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

SUBJECT: Community Service Center, Inc (COMSEC, 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: Jose Luis Concheiro
Name (Printed or typed)

1206 Shotona Ct
Address

Brandon, Florida 33511
City, State & Zip

813-310-2069
Daytime Telephone number

jose.comsecinc@live.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Community Service Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1209 Windermere Way
Tampa, Florida 33619

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Strengthen the family unit through love, personalize education and social services. Advocate peace and social justice by our words and by reaching out to the poor and disadvantage in our communities and others less fortunate than ourselves, provide needed families with groceries and the homeless with meals. Develop programs for the community that enhances their job skills and personal skills.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

First year will be selected by Jose Concheiro, Executive Director and founder, and them after by nomination and vote by the board of directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose Luis Concheiro, Executive Director Name and Title: _____

Address: 1206 Shotona Ct
Brandon, Florida 33511

Address: _____

Name and Title: Rafael Zelaya, Treasurer

Address: 2814 Rolling acres pl
Valrico, Florida 33596

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: Jose Luis Concheiro

Address: 1206 Shotona Ct
Brandon, Florida 33511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Father Kazimierz Domek

Address: 7001 12th Avenue South
Tampa, Florida 33619

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

9/11/11
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

09-15-11
Date

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