

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FUNDACION DE NIÑOS SIN HOGAR DEL MUNDO

FLORIDA PROFIT/NON PROFIT CORPORATION
~~FUNDACION DE NIÑOS SIN HOGAR DEL MUNDO, INC.~~

Certificate of Status	0
Certified Copy	1
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November 14, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: FUNDACION DE NINOS SIN HOGAR DEL MUNCO, INC.
REF: W11000057538

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The corporation name must be consistent wherever it appears in your document. On the electronic cover sheet, the corporate name does not match the name listed in Article I of the form.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

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DIVISION OF CORPORATIONS
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P.O. BOX 6327 - Tallahassee, Florida 32314

H11000268256

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

ARTICLE I NAME

The name of the corporation shall be: **FUNDACION DE NIÑOS SIN HOGAR DEL MUNDO, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
900 WEST 49TH STREET
SUITE #420
HIALEAH, FL 33012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE HOUSING FOR HOMELESS CHILDREN

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

The elections for directors and the manner of their admission is provided for in the bylaws of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PRESIDENT/CHAIRMAN**
Address: **DAGMARA SERRANO**
900 WEST 49TH STREET, #420
HIALEAH, FL 33012

Name and Title: **TREASURER**
Address: **MARIA DEL C. CARMENATE**
900 WEST 49TH STREET, #420
HIALEAH, FL 33012

Name and Title: **VICE PRESIDENT/VICE CHAIRMAN**
Address: **ITZEL DEL CARMEN MORALES**
900 WEST 49TH STREET, #420
HIALEAH, FL 33012

Name and Title: **DIRECTOR**
Address: **CARLOS LAZARO LOPEZ**
900 WEST 49TH STREET, #420
HIALEAH, FL 33012

Name and Title: **SECRETARY**
Address: **ELLIOT PEREZ**
900 WEST 49TH STREET, #420
HIALEAH, FL 33012

Name and Title: **DIRECTOR**
Address: **IRIS MORALES**
900 WEST 49TH STREET, #420
HIALEAH, FL 33012

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **DAGMARA SERRANO**
Address: **900 WEST 49TH STREET, #420**
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DAGMARA SERRANO**
Address: **900 WEST 49TH STREET, #420**
HIALEAH, FL 33012

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

11/09/2011

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

11/09/2011

Date

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS