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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Club de Peruanos en Jacksonville Florida 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: Carmen R. Llorente - Graves  
Name (Printed or typed)

4315 Boat Club Drive  
Address

Jacksonville, FL 32277  
City, State & Zip

(904) 534-6982  
Daytime Telephone number

Kencarmgraves@comcast.net  
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: Club de Peruanos en Jacksonville Florida Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4315 Boat Club Drive  
Jacksonville, FL 32277

Mailing address, if different is:  
SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Structured way for the Peruvian Community in Jacksonville, FL area  
to get together to share our common Heritage and culture to  
maintain the traditions we grew up with. Charitable, Cultural Educational

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

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

Name and Title: Carmen Llontop-Graves -  
Address: President (Title)  
4315 Boat Club Drive  
Jacksonville, FL 32277

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

Name and Title: Homero A. Segura  
Address: Vice-President (Title)  
12236 Hagan Creek Drive West  
Jacksonville, FL 32218

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

Name and Title: Nancy Nakanishi  
Address: Treasurer (Title)

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

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**ARTICLE VI REGISTERED AGENT**

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

Name: CARMEN LLONTOP-GRAVES  
Address: 4315 Boat Club Drive  
Jacksonville, FL 32277

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carmen Llontop-Graves  
Address: CARMEN LLONTOP-GRAVES  
4315 Boat Club Drive  
Jacksonville, FL 32277

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:

Carmen Llontop-Graves

Required Signature of Registered Agent

12-05-11

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.

Carmen Llontop-Graves

Required Signature of Incorporator

12-05-11

Date