

# N1200000000SS

## Florida Department of State

 Division of Corporations  
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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

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**BROWARD HISPANIC SMALL BUSINESS ASSOCIATION, C&P.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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

**ARTICLE I NAME** BROWARD HISPANIC SMALL BUSINESS ASSOCIATION, CORP.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1801 NW 111 AVENUE  
PEMBROKE PINES, FL 33026

Mailing address, if different is:  
SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO HELP AND STRENGTHEN SMALL BUSINESS OWNERS

**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-  
Address: CARLOS M. GALVEZ  
1801 NW 111 AVENUE  
PEMBROKE PINES, FL 33026

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

Name and Title: VICE PRESIDENT-  
Address: DANIEL ANGULO  
701 NW 108 TERRACE  
PEMBROKE PINES, FL 33026

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

Name and Title: TREASURER-  
Address: DIANA RUIZ  
2430 NW 102 AVENUE  
PEMBROKE PINES, FL 33026

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: CARLOS MAURICIO GALVEZ  
Address: 1801 NW 111 AVENUE  
PEMBROKE PINES, FL 33026

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

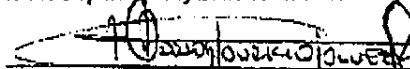
Name: CARLOS MAURICIO GALVEZ  
Address: 1801 NW 111 AVENUE  
PEMBROKE PINES, FL 33026

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

01/04/2012  
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

01/04/2012  
Date

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