

N120000004881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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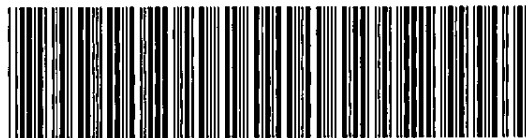
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 14 PM 4:52

5/15
8

COVER LETTER

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

SUBJECT: MIDBEACH NEIGHBORHOOD ALLIANCE, 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: HELIO DE LA TORRE
Name (Printed or typed)

201 ALHAMBRA CIRCLE #1102
Address

CORAL GABLES, FL 33134
City, State & Zip

305-442-3334
201 ALHAMBRA CIRCLE #1102
Alhambra, FL 33134
Phone number

hdelatorre@siegfriedlaw.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: **MIDBEACH NEIGHBORHOOD ALLIANCE, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
201 ALHAMBRA CIRCLE #1102
CORAL GABLES, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of MidBeach Neighborhood Alliance, Inc. ("MBNA") is to promote the social and physical welfare and defend, advance, and promote the interest, common good, and general welfare of the community, specifically within the area between 23rd Street to 69th Street and from Indian Creek to the Ocean.

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

The directors and officers of the Corporation shall be elected in the manner set forth in the By-Laws of the Corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **HELIO DE LA TORRE - P. S & T**
Address: 201 ALHAMBRA CIRCLE #1102
CORAL GABLES, FL 33134

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: **SKRLD, INC.**
Address: 201 ALHAMBRA CIRCLE #1102
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **HELIO DE LA TORRE**
Address: 201 ALHAMBRA CIRCLE #1102
CORAL GABLES, FL 33134

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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

Helio De La Torre

Required Signature of Registered Agent

5/7/12

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.

Helio De La Torre

Required Signature of Incorporator

5/7/12

Date