

N 12000006753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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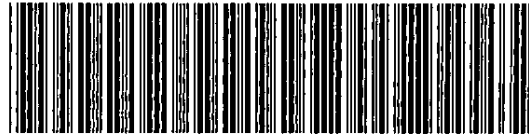
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 JUL 11 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUL 12 2012

## COVER LETTER

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

SUBJECT: GREMIO ARTISTICO LATINO AMERICANO 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: ANTONIO ARMENTEROS  
Name (Printed or typed)

1097 SW 79 AVENUE  
Address

MIAMI, FL 33144  
City, State & Zip

786-624-1400  
Daytime Telephone number

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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TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

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

### **ARTICLE I NAME**

The name of the corporation shall be:

GREMIO ARTISTICO LATINO AMERICANO INC.

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address

1097 SW 79 AVENUE

MIAMI, FL 33144

Mailing address, if different is:

P.O. BOX 440384

MIAMI, FL 33144

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

A NON PROFIT ORGANIZATION OF LATIN AMERICAN ARTISTS SUPPORTING THE ARTS IN THE AMERICAS AND BEYOND WITH THE PURPOSE OF STRENGTHENING COMMUNITY RELATIONSHIPS AND FORGING NETWORKS

### **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

APPOINTED BY DIRECTORS

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

Name and Title: ANTONIO ARMENTEROS, CHAIRMAN

Address: P.O. BOX 440384

MIAMI, FL 33144

Name and Title: MADDY RIVERA CARABALLO, PRESIDENT

Address: P.O. BOX 440384

MIAMI, FL 33144

Name and Title: OSVALDO STRONGOLI, VICE PRESIDENT

Address: P.O. BOX 440384

MIAMI, FL 33144

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: ANTONIO ARMENTEROS

Address: 1097 SW 79 AVENUE

MIAMI, FL 33144

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

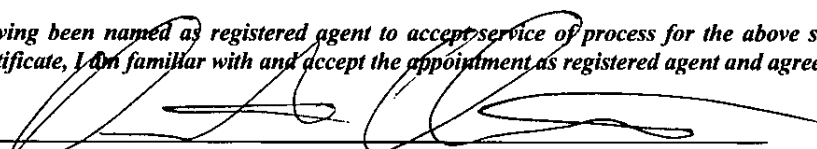
Name: ANTONIO ARMENTEROS

Address: 1097 SW 79 AVENUE

MIAMI, FL 33144

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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

JULY, 3 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

JULY, 3 2012

Date