

N12000007254

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

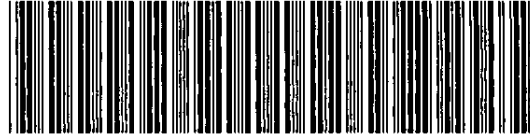
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
12 JUL 25 AM 9:40  
SECRETARY OF STATE  
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: Comunidad De Emigrantes Mexicanos, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8878 Christie Dr  
Largo FL 33771

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business and to promote, develop, and oversee community projects and activities for the betterment of our communities.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: by interested individuals attending meetings and voting for those nominated.

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

Name and Title: Felix Mendoza, President  
Address: 8878 Christie Dr  
Largo FL 33771

Name and Title: Roberto Cruz, Secretary  
Address: 8878 Christie Dr  
Largo FL 33771

Name and Title: Ignacio Cruz Vice-President  
Address: 8878 Christie Dr  
Largo FL 33771

Name and Title: Luisa Cruz, Director  
Address: 8878 Christie Dr  
Largo FL 33771

Name and Title: Francisco Cruz, Treasurer  
Address: 8878 Christie Dr  
Largo FL 33771

Name and Title: Maximiliano Mendoza, Director  
Address: 8878 Christie Dr  
Largo FL 33771

**ARTICLE VI REGISTERED AGENT**

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

Name: Felix Mendoza  
Address: 8878 Christie Dr  
Largo FL 33771

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Felix Mendoza  
Address: 8878 Christie Dr  
Largo FL 33771

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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*

Required Signature of Registered Agent

07-18-12  
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.*

Required Signature of Incorporator

07-18-12  
Date