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12 JUL 31 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPB
8/1/12

COVER LETTER

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

SUBJECT: LILPICASSOS, 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: JOANNE BETANCES

Name (Printed or typed)

12555 ORANGE DRIVE SUITE 4022-A

Address

DAVIE, FL 33330

City, State & Zip

954.551.9097

Daytime Telephone number

JOABETANCES@GMAIL.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: LILPICASSOS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
12555 ORANGE DRIVE
SUITE 4022-A
DAVIE, FL 33330

FILED
12 JUL 31 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different from:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE THERAPEUTIC AS WELL AS EDUCATIONAL SERVICES FOR CHILDREN.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:
MAJORITY VOTE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOANNE BETANCES/P
Address: 5090 SW 6TH AVE APT. 307
DAVIE, FL 33314

Name and Title: _____
Address: _____

Name and Title: YTHAMAR VIVES/VP
Address: 5420 SW 44 AVENUE
FT. LAUDERDALE, FL 33334

Name and Title: _____
Address: _____

Name and Title: ROMAN MACIAG/SEC-T
Address: 11960 NW 12TH STREET
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: JOANNE BETANCES
Address: 5090 SW 6TH AVE APT. 307
DAVIE, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOANNE BETANCES
Address: 5090 SW 6TH AVE APT. 307
DAVIE, FL 33314

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

7/25/2012
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

7/25/2012
Date

Article __VIII__.

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article _IX_____.

Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of the section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

In witness whereof, we have hereunto subscribed our names this __23____ day of _____ July _____, 20__12_____.

FILED
12 JUL 31 PM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA