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- PICK-UP WAIT MAIL

(Business Entity Name)

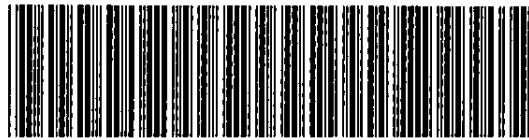
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TALLAHASSEE, FLORIDA
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COVER LETTER

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

SUBJECT: The P.O.D.E.R. (People of Determination Empowering Resiliency) Center of Miami-Dade 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: Victor A. Tejera
Name (Printed or typed)

PO BOX 348772
Address

Miami, FL 33234
City, State & Zip

305-215-8355
14754 Southwestern Bell phone number

thepodercenter@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2012

VICTOR A. TEJERA
PO BOX 348772
MIAMI, FL 33234

SUBJECT: THE P.O.D.E.R. (PEOPLE OF DETERMINATION EMPOWERING
RESILENCY) CENTER OF MIAMI-DADE
Ref. Number: W12000044432

We have received your document for THE P.O.D.E.R. (PEOPLE OF DETERMINATION EMPOWERING RESILENCY) CENTER OF MIAMI-DADE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please sign the Registered Agent's first and last name in the signaute area.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 312A00021878

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: **People with Determination Empowering Resiliency of Miami-Dade Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
14754 Southwest 65 Terrace
Miami, Florida 33193

Mailing address, if different is:
PO BOX 348772
Miami, Florida 33234

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To create positive experiences through collaborative initiatives at local, national, and international levels, fostering resiliency and independence for vulnerable populations.

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

The directors are elected by a majority vote by employees and volunteers. Interested individuals for directorship positions, must submit a written request demonstrating interest and must be a resident of Miami-Dade County.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darline Alvarez / Board Chair
Address: 8948 Southwest 150 Court Circle
Miami, Florida 33196

Name and Title: Amelie Bethart / Board Vice Chair
Address: 1202 Pizarro Street
Coral Gables, Florida 33134

Name and Title: Magaly Pujol / Board Secretary
Address: 7412 Sunset Road
Miami, Florida 33143

Name and Title: Carina Man / Board Treasurer
Address: 7412 Sunset Road
Miami, Florida 33143

Name and Title: Dunia De Armas / Clinical Director
Address: 14754 Southwest 65 Terrace
Miami, Florida 33193

Name and Title: Victor A. Tejera / Executive Director
Address: PO BOX 348772
Miami, Florida 33234

ARTICLE VI REGISTERED AGENT

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

Name: Dunia De Armas
Address: 14754 Southwest 65 Terrace
Miami, Florida 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victor A. Tejera
Address: PO BOX 348772
Miami, Florida 33234

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

Dunia De Armas

Required Signature of Registered Agent

09/01/2012

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.

Victor A. Tejera

Required Signature of Incorporator

September 1, 2012

Date

FILED
12 SEP 13 PM 3:08
SECRETARY OF STATE
TREASURER
CLERK