

N12000009442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700240221247

10/03/12--01012--013 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
12 OCT -3 AM 9:54

Ps 10/4/12

## COVER LETTER

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

SUBJECT: Super Band Boosters, 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: Sara Martinez Centeno

Name (Printed or typed)

7995 NW 8th Street, Apt 106C

Address

Miami, Florida 33126

City, State & Zip

786-290-9824

Daytime Telephone number

superbandboosters@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: Super Band Boosters, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7995 NW 8th Street, Apt 106C  
Miami, Florida 33126

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**12 OCT -3 AM 9:55**  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To enhance the Ruben Dario Middle School band program through approved fund raising activities and services.

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

The membership of the Super Band Boosters nominates and votes for the board members each year at the general membership meeting.

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

Name and Title: Sara Martinez Centeno  
Address: President  
7995 NW 8th Street, Apt 106C  
Miami, Florida 33126

Name and Title: Karen Grisell Perez  
Address: Treasurer  
500 NW 107th Avenue, Apt 11C  
Miami, Florida 33172

Name and Title: Katherine Escobar  
Address: Vice President  
7130 NW 177th Street, Apt 102  
Miami, Florida 33015

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Cynthia Vallejo  
Address: Secretary  
8251 NW 8th Street, Apt 207  
Miami, Florida 33126

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: Sara Martinez Centeno  
Address: 7995 NW 8th Street, Apt 106C  
Miami, Florida 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sara Martinez Centeno  
Address: 7995 NW 8th Street, Apt 106C  
Miami, Florida 33126

*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*

Sara Centeno

Required Signature of Registered Agent

9/28/2012

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.*

Sara Centeno

Required Signature of Incorporator

9/28/2012

Date