N2mma84

(Re	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900241063969

10/25/12--01022--014 **78.75

12 NOV -9 PM 2: 20

FILED SECRETARY OF STATE OF STATE



October 26, 2012

JOSE SANTAMARIA 5808 MILFORD HAVEN PLACE ORLANDO, FL 32829

SUBJECT: LOS ORIGINALES, INC Ref. Number: W12000054848

We have received your document for LOS ORIGINALES, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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.

Pamela Smith Regulatory Specialist II

Letter Number: 212A00026286

COVER LETTER

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

SUBJECT: Los O	riginales, Inc		
	(PROPOSED CORPORAT	E NAME – <u>MUST INCL</u> I	<u>JDE SUFFIX</u>)
	_		
Enclosed is an original a	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED
FROM:	Jose Santamaria	inted or typed)	
	5808 Milford Hav	ven Place	
	Orlando, FL 328	329 State & Zip	_
	407-765-2015		

jfsantamaria11208@hotmail.com

E-mail address: (to be used for future annual report notification)

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

Daytime Telephone number

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

ARTICLE I NAME

12 NOV -9 PM 2: 20

The name of the corporation shall be: Los Originales, Inc

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address Mailing address, if different is: 5908 Milford Haven Place, Orlando, FL 32829

MAILING ADDRESS PO Box 720791, Orlando, FL 32872-0791

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized exclusively for charitable purposes within the meaning of section 501 (c)(3) of the Internal Revenue code of 1986, 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 corresponding section of any future federal tax code. More particularly, to conduct programs and activities, sponsor research; sponsor Panamanian American, Panamanian, Latinos and American Cultural Research, sponsor promotions, raise funds, request and receive grants, gifts, contributions, duties and bequests of money, real and personal property; or acquire, receive hold, invest and administer, in its own name, securities, funds, objects of value, or other property, real or personal; and make expenditures and distributions to or for the benefits of Los Originales, Inc.

<u>ARTICLE IV MANNER OF ELECTION</u> The manner in which the directors are elected and appointed: The officers of the Board shall consist of a President, Vice President, Secretary and Treasury. Board Members will be elected into office by a majorityvote; and will serve a term of two years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Danny R. Anderson, President Address: PO Box 720791, Orlando, FL 32872-0791 Name and Title: Jose Santamaria, Vice President Address: PO Box 720791, Orlando, FL 32872-0791 Name and Title: Mirna Michel, Treasurer

Address: PO Box 720791, Orlando, FL 32872-0791

Name and Title: Vielka Drake, Secretary

Address: PO Box 720791, Orlando, FL 32872-0791

ARTICLE VI REGISTERED AGENT

Jose Santamaria, Vice President 5908 Milford Haven Place Orlando, FL 32829

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

Name: Jose Santamaria

Address: 5908 Milford Haven Place, Orlando, FL 32829

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 NOV -9 PM 2: 20

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Name: Jose Santamaria

Address: 5908 Milford Haven Place, Orlando, FL 32829

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

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 Registered Agent

Date