

N120000011688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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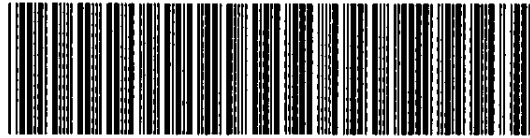
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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: JOVENES DE MIAMI COMMUNITY HEALTH CENTER, 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: WILLIAM BETANCUR
Name (Printed or typed)

2150 NW 21 STREET
Address

MIAMI, FL. 33141
City, State & Zip

(786) 286-1727
Daytime Telephone number

JOVENESENACCION@AOL.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: JOVENES DE MIAMI COMMUNITY HEALTH CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2150 NW 21 STREET
MIAMI, FL. 33141

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide the local community consisting of uninsured, under served, poverty level, homeless, and disadvantage constituents with charitable health care services. As a 501 (c)(3) organization representing a beacon of hope for those most in need.

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

By voting of the board members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM BETANCUR, PRESIDENT DIRECTOR

Address: 2941 NW 47 STREET

MIAMI, FL. 33142

Name and Title: DAMASO J. QUIROS SECRETARY DIRECTOR

Address: 9745 SW 72 STREET

SUITE 110

MIAMI, FL. 33173

Name and Title: AMPARO SOLORZANO, TREASURER DIRECTOR

Address: 17670 NW 78 AVENUE

SUITE 208

HIALEAH, FL. 33015

Name and Title: GRACE PADILLA, DIRECTOR

Address: 2525 NW 54 STREET

MIAMI, FL. 33141

Name and Title: JOSE R. RODRIGUEZ, DIRECTOR

Address: 9370 SW 72 STREET

MIAMI, FL. 333173

Name and Title: NELSY PERDOMO, DIRECTOR

Address: 10961 CEDAR LANE

PEMBROKE PINES, FL. 33026

ARTICLE VI REGISTERED AGENT

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

Name: BUSINESS ACCOUNTING PROFESSIONALS CORP

Address: 17670 NW 78 AVENUE

SUITE 208

HIALEAH, FL. 33015

ARTICLE VII INCORPORATOR

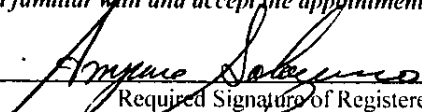
The name and address of the Incorporator is:

Name: JOVENES DE MIAMI EN ACCION, INC.

Address: 2941 NW 47 STREET

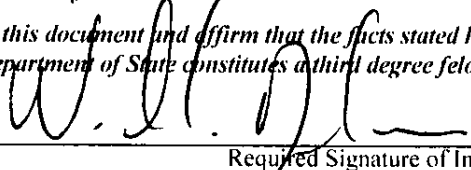
MIAMI, FL. 33142

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 Signatory of Registered Agent

11/24/12
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 Signatory of Incorporator

11-24-12
Date

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12 DEC 14 AM 7:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA