## N130000214/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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W13-568)

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SECRETARY OF STATE
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## **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)
		<i>;</i>	
Enclosed is an original as \$70.00 Filing Fee	system of the Arms	□\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate

HISPANIC FOR THE CHILDREN ASSOCIATION CORP.

FROM:

HISPANIC FOR CHILDREN CORP.

Name (Printed or typed)

1830 AMBERLY AVE.

Address

ORLANDO FLORIDA 32822

City, State & Zip

407-924-5902

Daytime Telephone number

POULLC13@GMAIL.COM

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

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



February 13, 2013

HISPANIC FOR CHILDREN CORP.

1830 AMBERLY AVE. ORLANDO, FL 32822

SUBJECT: HISPANIC FOR CHILDREN CORP.

Ref. Number: W13000005681

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

You failed to make the correction(s) requested in our previous letter.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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: 113A00002230

Division of Compositions DO POV 6997 Tallahagasa Florida 9991

## ARTICLES OF INCORPORATION

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

The name of	II PRINCIPAL OFFICE				
18	Principal <u>street</u> address: 30 AMBERLY AVE. ORLANDO FL		ng address, if different is:		
ARTICLE . The purpose FOR CHILDI	III PURPOSE  for which the corporation is organized is: THI REN THAT ARE LOW INCOME AND NEED H	S ORGANIZATION WILL PROVIDE	E HELP AND FUNDS FOR SCH TO BE ABLE TO PERFORM	IOOL S	UPPLY'S
· · · · · · · · · · · · · · · · · · ·					
ARTICLE I	WANNER OF ELECTION Them	nanner in which the directors are	elected and appointed	·=	
ARTICLE I	TV MANNER OF ELECTION The m		e elected and appointed:		
AS PRO	VIDED FOR IN THE BYLAW:	S RECTORS	selected and appointed:	13 HAR -	
AS PRO  ARTICLE  Name and Tit	VIDED FOR IN THE BYLAW	<u>S</u>	SECRETARY	=	
AS PRO	VIDED FOR IN THE BYLAW:  V INITIAL OFFICERS AND/OR DI  tle: ACQUISITION PROPERTY MGT. / P	RECTORS  Name and Title:	SECRETARY UF STA	1	
AS PRO  ARTICLE  Name and Tit  Address	VIDED FOR IN THE BYLAW:  V INITIAL OFFICERS AND/OR DI  tle: ACQUISITION PROPERTY MGT. / P  1031 ALICANTE AVE.  ORLANDO FLORIDA 32807	RECTORS  Name and Title:  Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA	-4 PH	
AS PRO  ARTICLE  Name and Tit  Address	VIDED FOR IN THE BYLAW:  V INITIAL OFFICERS AND/OR DI  tle: ACQUISITION PROPERTY MGT. / P  1031 ALICANTE AVE.  ORLANDO FLORIDA 32807	RECTORS  Name and Title:  Address:  Name and Title:	SECRETARY OF STATE TALLAHASSEE FLORIDA	-4 PH	
AS PRO  ARTICLE  Name and Tit  Address	VIDED FOR IN THE BYLAW:  V INITIAL OFFICERS AND/OR DI  ACQUISITION PROPERTY MGT. / P  1031 ALICANTE AVE.  ORLANDO FLORIDA 32807	RECTORS  Name and Title:  Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA	-4 PH	
AS PRO  ARTICLE  Name and Tit  Address	WIDED FOR IN THE BYLAWS  WINTIAL OFFICERS AND/OR DI  ACQUISITION PROPERTY MGT. / P  1031 ALICANTE AVE.  ORLANDO FLORIDA 32807  RAUL VARGAS / TRS.  1830 AMBERLY AVE.  ORLANDO FL.32822	RECTORS  Name and Title:  Address:  Name and Title:	SECRETARY UF STATE TALLAHASSEE FLORIDA	-4 PH	
AS PRO  ARTICLE  Name and Tit  Address  Name and Tit  Address	WIDED FOR IN THE BYLAWS  WINTIAL OFFICERS AND/OR DI  ACQUISITION PROPERTY MGT. / P  1031 ALICANTE AVE.  ORLANDO FLORIDA 32807  RAUL VARGAS / TRS.  1830 AMBERLY AVE.  ORLANDO FL.32822	RECTORS  Name and Title:  Address:  Name and Title:  Address:	SECRETARY UF STATE TALLAHASSEE FLORIDA	-4 PH	

## FILED

Name and Title:	Name and Title:		
Address	Address:	MAR -4	
	Si	CRETARY LAHASSE	OF STATE E FLORIDA
•	<del></del>		<u> </u>
Name and Title:	Name and Title:		
Address	Address:		
	<u> </u>	<u></u>	
			,
ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acc			
Name: Acquisition Property MANNE		ce.	
Address: 1031 ALICANTE A	VE.		
ORLANDO FL.328	07		
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is:			
Name: Ferrand fon			
Address: 103/ Wichnie No	<u>Æ.</u>		
Orlando Fl.	32807		
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment			
	<del>-</del>	_	<del>-</del>
Required Signature of Registere		<u> </u>	Date
I submit this document and affirm that the facts stated her	_	false inform	ation submitted in a document
to the Department of State constitutes a third degree felony			) 1
			2/8/13
Required Signature of Inco	rporator	<del></del>	/ Date