N13000002246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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W12-59154

COVER LETTER

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

SUBJECT: ACE MENTOR PROGRAM OF DADE COUNTY FLORIDA, 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: RSM ROC & COMPANY - ATTN. DANIEL SENDRAL
Name (Printed or typed)

PO BOX 10528
Address

SAN JUAN, PUERTO RICO 00922-0528
City, State & Zip

787-751-6164
Daytime Telephone number

DSENDRAL@ROCPR.NET
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

November 27, 2012

RSM ROC & COMPANY ATTN DANIEL SENDRAL
PO BOX 10528
SAN JUAN, PR 00922-0528

SUBJECT: ACE MENTOR PROGRAM OF DADE COUNTY FLORIDA, INC.
Ref. Number: W12000059154

We have received your document for ACE MENTOR PROGRAM OF DADE COUNTY FLORIDA, 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 registered agent must sign accepting the designation.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 712A00028202

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ACE MENTOR PROGRAM OF DADE COUNTY FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
~~5959 BLUE LAGOON DRIVE SUITE 200~~ 6100 Blue Lagoon Drive	~~5959 BLUE LAGOON DRIVE SUITE 200~~ 6100 Blue Lagoon Dri
MIAMI, FLORIDA 33126 Suite 300	MIAMI, FLORIDA 33126 Suite 300

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENLIGHTEN AND MOTIVATE STUDENTS TOWARD ARCHITECTURE, CONSTRUCTION, ENGINEERING AND RELATED CAREERS AND TO PROVIDE MENTORING AND SCHOLARSHIP OPPORTUNITIES FOR FUTURE DESIGNERS AND CONSTRUCTORS.

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

The Board of Directors will be elected in the manner described in Article III of the Corporation's By-Laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ~~GORAN LJUSTINA - PRESIDENT~~ Roberto Leon, President
Address: ~~5959 BLUE LAGOON DRIVE SUITE 200~~ 6100 Blue Lagoon Drive Suite 300
MIAMI, FLORIDA 33126

Name and Title: ~~ROBERTO LEON - VICE PRESIDENT~~ Ronda Wimberly, Vice-President
Address: ~~5959 BLUE LAGOON DRIVE SUITE 200~~ 6100 Blue Lagoon Drive Suite 300
MIAMI, FLORIDA 33126

Name and Title: ~~RHONA WIMBERLY - SECRETARY~~ Sara Jimenez, Secretary
Address: ~~5959 BLUE LAGOON DRIVE SUITE 200~~ 6100 Blue Lagoon Drive Suite 300
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: ~~GORAN LJUSTINA~~ — Roberto Leon
Address: ~~5959 BLUE LAGOON DRIVE SUITE 200~~ 6100 Blue Lagoon Drive Suite 300
MIAMI, FLORIDA 33126

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DANIEL SENDRAL - RSM ROC & COMPANY
Address: PO BOX 10528
SAN JUAN, PUERTO RICO 00922-0528

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

Roberto Leon APPROVED By Goran Ljustina at 9:05 am, Mar 05, 2013

Required Signature of Registered Agent

2/14/13
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 Incorporator

11/14/12
Date