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FLORIDA

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## COVER LETTER

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

**SUBJECT:** Partners for Disaster Awareness and Preparedness, 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:** Lisandra Pagan  
Name (Printed or typed)  
P.O. Box 135937  
Address  
Clermont, FL. 34713  
City, State & Zip  
407-744-7386  
Daytime Telephone number  
Lispagan@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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**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: **Partners for Disaster Awareness and Preparedness, Inc.**

### ***ARTICLE II    PRINCIPAL OFFICE***

Principal Street address: 8524 Bay Lilly Loop Kissimme, FL 34747

Mailing address: P.O. Box 135937 Clermont, FL 34713

### ***ARTICLE III   PURPOSE OF THE ORGANIZATION***

Partners for Disaster Awareness and Preparedness, Inc. has been organized to support groups and individuals creating social, economic, and cultural transformation toward long-term sustainability through education, orientation and guidance in disaster awareness, preparedness, response, and recovery by means of education, workshops, conferences, research, testing of public safety and publication of findings.

Partners for Disaster Awareness and Preparedness, Inc. may therefore seek, apply for, and receive donations, grants, loans, and other funding from individuals, organizations, corporations, government agencies, and other support and conduct, in any manner, any lawful activities in furtherance of these charitable, educational, and scientific purposes.

Partners for Disaster Awareness and Preparedness, Inc. is organized exclusively for charitable, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or

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corresponding section of any future tax code. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities, or exercise any powers not in furtherance of section 501(c)(3) purposes.

#### ***ARTICLE IV MANNER OF ELECTION***

Founder members will be elected as perpetual board members based on expertise, skills, and philanthropic mission. Board members will be appointed by majority of votes.

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

Luis Aguiar- President    8524 Bay Lilly Loop Kissimmee, FL 34747

Benjamin Pagan- VP    P.O. Box 1386 Aibonito, PR 00705

Maria Malave- S/T    753 West Main St. #36 Haines City, FL 33844

#### ***ARTICLE VI REGISTERED AGENT***

The name and a Florida street address of the registered agent is:

Lisandra Pagan    8524 Bay Lilly Loop Kissimmee, FL 34747

#### ***ARTICLE VII INCORPORATOR***

The name and the address of the Incorporator is:

Lisandra Pagan    P.O. Box 135937 Clermont, FL 34713

#### ***ARTICLE VIII DISSOLUTION OF ASSETS***

Upon the dissolution of this organization and after payment of all outstanding debts of the organization, assets shall be distributed to the Salvation Army Emergency Disaster Services Florida Division, of 5631 Van Dyke Road, Lutz, Florida, a 501(c)(3) organization. If, however, the Salvation Army Emergency Disaster Services Florida Division is not, at that time, in existence, is no longer exempt from federal income tax, or for any reason is unwilling or unable to accept the distribution, then the assets shall be distributed to an organization that has a current 501(c)(3) determination to be selected by the board of directors.

***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

06/20/2013  
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

06/20/2013  
Date

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TALLAHASSEE, FLORIDA

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