

N13000006434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

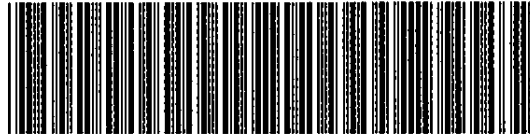
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

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**COVER LETTER**

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

**SUBJECT: Hispanic Resource Center, Incorporated**  
**(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: Alejandro Velazquez**  
Name (Printed or typed)

**718 Powder Horn Row**  
Address

**Lakeland, FL 33809**  
City, State & Zip

**(863) 585-1354**  
Daytime Telephone number

**hispanicresourcecenter2013@gmail.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:

Hispanic Resource Center, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

718 Powder Horn Row

Lakeland, FL 33809

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: exclusively for charitable, literary, educational and to provide necessary social services assistance for the Hispanic/Latino community and other minorities in Polk County. Additionally, for engaging in other charitable, civic, and/or educational activities that contribute to the enhancement of the quality of life of the Hispanic/Latino community in Polk County.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Directors will be elected by majority vote of all qualified members of the Hispanic Resource Center.

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

Name and Title: Jaime Rodriguez / President

Address: 726 Powder Horn Row  
Lakeland, FL 33809

Name and Title: Aurora Rodriguez / Secretary

Address: 726 Powder Horn Row  
Lakeland, FL 33809

Name and Title: Alejandro Velázquez / Vice President

Address: 718 Powder Horn Row  
Lakeland, FL 33809

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Alvin Koltas / Treasurer

Address: 8030 Lake James Boulevard  
Lakeland, FL 33810

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Alejandro Velázquez

Address: 718 Powder Horn Row

Lakeland, FL 33809

**ARTICLE VII INCORPORATOR**

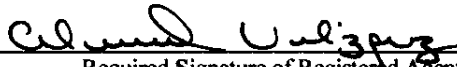
The name and address of the Incorporator is:

Name: Alejandro Velázquez

Address: 718 Powder Horn Row

Lakeland, FL 33809

*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*

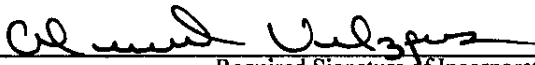


Required Signature of Registered Agent

7/10/2013

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

7/10/2013

Date