

N13000010083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

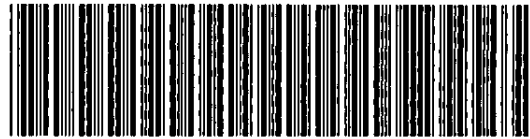
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W/3-58689~~

Office Use Only



600252686516

10/21/13--01060--025 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2013 NOV -6 PM 3:04

114

COVER LETTER

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

SUBJECT: "Joe Moretti" Resident Council Corp.
(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: René O. Perez
Name (Printed or typed)

563 SW 6th Street Apto #1
Address

Miami, Florida, 33130
City, State & Zip

305 8599167 (Home) 305 910 3499 (Mobile)
Daytime Telephone number

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

October 22, 2013

RENE' O. PEREZ
563 SW 6TH STREET APTO #1
MIAMI, FL 33130

SUBJECT: JOE MORETTI RESIDENT COUNCIL CORP.
Ref. Number: W13000058689

We have received your document for JOE MORETTI RESIDENT COUNCIL CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete address for the Registered Agent.

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 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: 313A00024659

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

2013 NOV -6 PM 3:04

ARTICLE I NAME

The name of the corporation shall be: "Joe Moretti" Resident Council Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

563 SW 6th Street # 1
Miami Florida 33130

Mailing address, if different is:

404 SW 5th Street # 2
Miami Fla 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To be the guiding head of the HUD Resident Association, consisting of persons residing in scattered housing developments, but united by one management site "Joe Moretti", in order to represent residents, create a sense of neighborhood, assist the tenants in their rights and duties, that may be mutually agreeable in both resident and management

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The Council or Board are elected by legal tenants for a term of three years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

- | | | |
|---|---|--|
| 1 | Name and Title: <u>René Pérez, President</u> | Name and Title: <u>Julio Sanchez, Recor. Secret.</u> |
| | Address: <u>404 SW 5th Street # 2</u> | Address: <u>570 SW 5th Street # 3</u> |
| | <u>Miami Fla 33130</u> | <u>Miami Fla 33130</u> |
| | Phone <u>305 859 9167</u> | <u>786 319 0665</u> |
| 2 | Name and Title: <u>Carlos Passo, Vice Pre</u> | Name and Title: <u>Maria M. Valdes, Treasurer</u> |
| | Address: <u>561 SW 6th Street # 2</u> | Address: <u>563 SW 6th Street # 3</u> |
| | <u>Miami Fla. 33130</u> | <u>Miami Fla 33130</u> |
| | Ph. <u>305 854 0356</u> | |
| 3 | Name and Title: <u>Alberto Toledo, Corr. Sec.</u> | Name and Title: _____ |
| | Address: <u>563 SW 6th Street # 2</u> | Address: _____ |
| | <u>Miami Florida 33130</u> | _____ |
| | <u>305 856 3624</u> | _____ |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2013 NOV -6 PM 3:04

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Alejandra M. Aguilera, Attorney

Address: _____

Complete Address

↓
11218 SW 211th Street
Suite 302
Miami Fla 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rene O. Perez

Address: 404 SW 57th St #2

Miami Florida 33130

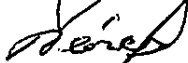
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

Oct 4, 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

Oct 7, 2013
Date

X

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

DATE OF THIS NOTICE: 03-20-2003
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 91-2187175
FORM: SS-4 NOBOD

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

JOE MORETTI RESIDENT COUNSEL
% RICARDO ALFONSO
563 S W 6TH ST APT 1
MIAMI FL 33130

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 91-2187175. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.