

N 13000010225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

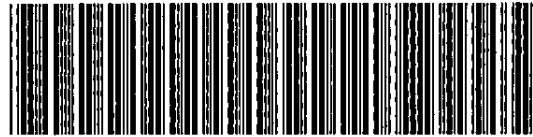
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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11/13/13

COVER LETTER

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

SUBJECT: EMPRESARIAS CONECTADAS 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: **Aida Mercedes Garcia**
Name (Printed or typed)

4875 NW 178 TE
Address

Miami Gardens, FL, 33055
City, State & Zip

786-267-7222
Daytime Telephone number

AidaGCamp@gmail.com
E-mail address: (to be used for future annual report notification)

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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: Empresarias Conectadas Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

4875 NW 178 Terrace

Miami Gardens, FL, 33055

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Educate and empower hispanic women through free seminars, courses and workshops.

Create a powerful network of succesfull women entrepreneurs.

Be a business activators and business reactivators.

Help grow businesses owned by women.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The directors
are elected as stated in the bylaws, every 2 years by desicion and every 2 years by voting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aida Garcia / Director

Address: 4875 NW 178 Terrace
Miami Gardens, FI, 33055

Name and Title: Maricela Rodriguez / Director

Address: 4875 NW 178 Terrace
Miami Gardens, FL, 33055

Name and Title: Sofia G. Morales / Director

Address: 4875 NW 178 Terrace
Miami Gardens, FL, 33055

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Aida Mercedes Garcia
Address: 4875 NW 178 Terrace
Miami Gardens, FL, 33055

ARTICLE VII INCORPORATOR

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

Name: Aida Mercedes Garcia
Address: 4875 NW 178 TE
Miami Gardens, FL, 33055

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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

11/07/2013

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

11/07/2013

Date