

N13000010368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

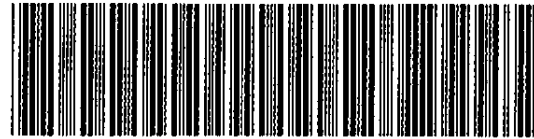
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 11/18/13

## COVER LETTER

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

**SUBJECT:** Proactive 2 Succeed 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:** Andres Martinez

Name (Printed or typed)

4970 SW 94th Way

Address

Cooper City, FL, 33328

City, State & Zip

786-267-7222

Daytime Telephone number

AidaGCamp@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: Proactive 2 Succeed Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

4970 SW 94th Way

Cooper City, FL, 33328

Mailing address, if different is:

P.O Box 5672

Hialeah, FL, 33014

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Create new alliances and new business opportunities

To help business owners build successful businesses

Educate entrepreneurs through seminars, courses, workshops and training programs.

Make fundraising events to collect funds to help people build their businesses

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Every 2 years  
by desicion and every 2 years by voting.

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

Name and Title: Andres Martinez/Director

Address: 4970 SW 94th Way  
Cooper City, FL, 33328

Name and Title: Aida Mercedes Garcia/Director

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

Name and Title: Maricela Rodriguez/Director

Address: 4875 NW 178  
Miami Gardens, FL, 33055

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

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

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

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

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**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

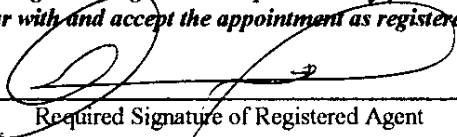
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maricela Rodriguez  
Address: 4875 NW 178 TE  
Miami Gardens, FL, 33055


*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