

N130000/0603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

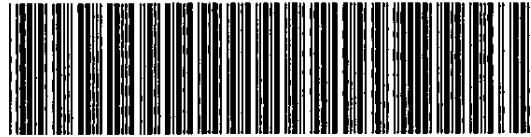
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800249822768

09/25/13--01022--003 **18.75

MRS
11/25/13

FILED
13 NOV 22 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Villa Ariana, 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: Villa Ariana, Inc.

Name (Printed or typed)

11176 NW 84 Street

Address

Miami, FL 33178

City, State & Zip

305-883-7580

Daytime Telephone number

villaarianainc@gmail.com

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

RECEIVED

13 NOV 22 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FL 32314

September 26, 2013

VILLA ARIANA, INC.
11176 NW 84 STREET
MIAMI, FL 33178

SUBJECT: VILLA ARIANA, INC.
Ref. Number: W13000053699

We have received your document for VILLA ARIANA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non-profit corporation is being organized.

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.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 913A00022704

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

ARTICLE I NAME

The name of the corporation shall be: Villa Ariana, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
11176 NW 84th Street

Miami, FL 33178

Mailing address, if different is: NOV 22 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Villa Ariana is a non-profit organization with the intention of spreading the gift
of happiness through sharing. The purpose of the organization is to raise funds through different
means in order to help underprivileged children and their families in Venezuela.
The main focus of Villa Ariana is to send new toys during Christmas as well
as supplies for school and other materials during the whole year. Our
Purpose is also to share our funds and time with other non-profit organizations in need.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ariana Rubio/President

Address: 11176 NW 84th Street
Miami, FL 33178

Name and Title: Maria Luz Barcia/Vice-President

Address: 11176 NW 84th Street
Miami, FL 33178

Name and Title: Gustavo Rubio/Treasurer

Address: 11176 NW 84th Street
Miami, FL 33178

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
NOV 22 PM 12: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED

13 NOV 22 PM 12: 56

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: Ariana Rubio

Address: 11176 NW 84th Street

Miami, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Luz Barcia

Address: 11176 NW 84th Street

Miami, FL 33178

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

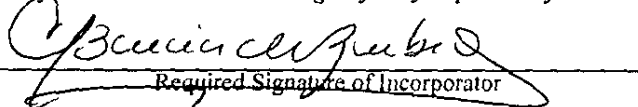


Required Signature of Registered Agent

10/30/2013

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

10/30/2013

Date