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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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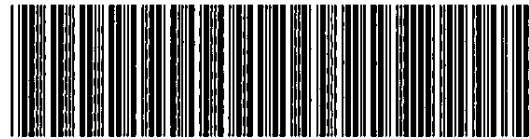
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** Jose Maria Vargas University Development Foundation Development 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: Alicia Parra  
Name (Printed or typed)

2920 West Lake Vista Circle  
Address

Davie, FL 33328  
City, State & Zip

954-322-4460  
Daytime Telephone number

aliciafernandaparra@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: Jose Maria Vargas University Development Foundation Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

10131 Pines Blvd, Pembroke Pines, FL

33026

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of the Jose Maria Vargas Development Foundation is to channel private and public initiative toward the financing and operation of Jose Maria Vargas University, as well as other activities related to community development in education, culture, science and technology. The mission of the programs and events is to improve family and community life in the local area. The vision of the development foundation is to become a place where neighbors and families can meet to improve the quality of their lives.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The Foundation shall designate a Board of Directors who shall initially be appointed by a majority of the incorporators to serve as directors.

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

Name and Title: Lelis Ortiz (President)

Address: 2920 West Lake Vista Circle  
Davie, FL 33328

Name and Title: Angel Ortiz (Vice President)

Address: 2920 West Lake Vista Circle  
Davie, FL 33328

Name and Title: Fernando Ortiz (Treasurer)

Address: 2920 West Lake Vista Circle  
Davie, FL 33328

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

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

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

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

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

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

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Address \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Lelis Ortiz

Address: 10796 Pines Blvd. Suite 201  
Pembroke Pines, FL 33026

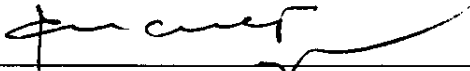
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alicia Parra

Address: 2920 West Lake Vista Circle  
Davie, FL 33328

*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*

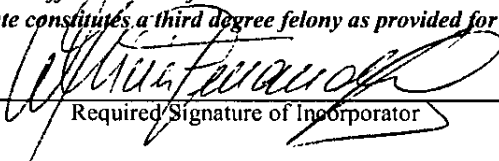


Required Signature of Registered Agent

04/18/2014

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

04/18/2014

Date