

N14600004313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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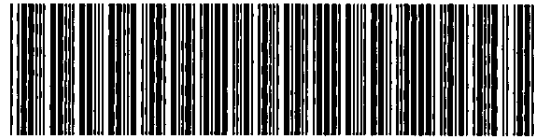
(Business Entity Name)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY - 1 AM 10:25

*W14600004313  
\*ccs  
\*cc 5/6/14*

**COVER LETTER**

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

**SUBJECT: HALEY SOFGE RESIDENT ASSOCIATION, 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: Haley Sofge Resident Association, Inc.**  
Name (Printed or typed)

**750 NW 13 Ave # 720**  
Address

**Miami, Fl. 33125**  
City, State & Zip

**(786) 542-5901**  
Daytime Telephone number

**haleyassociation@hotmail.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

April 14, 2014

HALEY SOFGE RESIDENT ASSOCIATION, INC  
750 NW 13 AVE #720  
MIAMI, FL 33125

SUBJECT: HALEY SOFGE RESIDENT ASSOCIATION, INC.  
Ref. Number: W14000023408

We have received your document for HALEY SOFGE RESIDENT ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please print or type your document.

Please return 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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 714A00007915

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

**ARTICLE I NAME**

The name of the corporation shall be: Haley Sofge Resident Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
750 NW 13 Ave # 720  
Miami, Fl. 33125

Mailing address, if different is:  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To advocate for the social, educational and economic opportunities of residents of Haley Sofge Towers residents.

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DIVISION OF CORPORATIONS  
14 MAY - 1 AM 10:25

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Initial election by popular vote, resident association elections for officers held every three (3) years.

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

Name and Title: Maria Teresa Blanco (President)  
Address: 750 NW 13. Ave # 1014  
Miami, Fl. 33125

Name and Title: Herminia Leyva (V.P.)  
Address: 750 NW 13 Ave # 1006  
Miami, Fl. 33125

Name and Title: Jesus L. Barrios (Treasurer)  
Address: 750 NW 13 Ave. # 1003  
Miami, Fl. 33125

Name and Title: Estrella Paula (Recording Sec.)  
Address: 750 NW 13 Ave. #1002  
Miami, Fl. 33125

Name and Title: Racelda Leyva (Corresponding Sec.)  
Address: 750 NW 13 Ave. # 407  
Miami, Fl. 33125

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

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: Maria T. Blanco

Address: 750 NW 13 Ave. # 1014

Miami, Fl. 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maria T. Blanco

Address: 750 NW, 13 Ave. # 1014

Miami, Fl. 33125

*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*

Maria T. Blanco  
Required Signature of Registered Agent

04/04/2014  
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.*

Maria T. Blanco  
Required Signature of Incorporator

04/04/2014  
Date