

N14000004482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

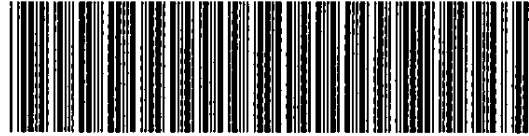
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/23/14--01010--020 **87.50

FILED

14 MAY -8 AM 8:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

W14-26164

π 05/12/14



RECEIVED

14 MAY -8 PM 12:16

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OFFICE OF THE
TALLAHASSEE, FLORIDA

April 24, 2014

RAMON A. MURILLO TORRES
5003 20TH STREET E
BRADENTON, FL 34203

SUBJECT: ALACANZANDO SUENOS INC
Ref. Number: W14000026164

We have received your document for ALACANZANDO SUENOS 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 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.

You must list at least one incorporator with a complete business street address.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 414A00008840

COVER LETTER

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

SUBJECT: ALCANZANDO SUEÑOS 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: RAMON A MURILLO TORRES
Name (Printed or typed)

5003 20th Street E
Address

Bradenton FL 34203
City, State & Zip

941-405-6532
Daytime Telephone number

murillojorgelina@yahoo.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: ALACANZANDO SUEÑOS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5003 20th Street E

Bradenton FL 34203

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help needy families all over the world and to
be able to provide programs and services that will benefit the poor,
all donations will be spent mainly for education and social causes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAMON A MURILLO TORRES

Address 5003 20th Street E
Bradenton, FL 34203

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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14 MAY -8 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: RAMON A MURILLO TORRES

Address: 5003 20th Street E
Bradenton FL 34203

ARTICLE VII INCORPORATOR

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

Name: RAMON A MURILLO TORRES

Address: 5003 20TH Street E
Bradenton, FL 34203

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

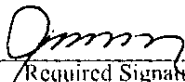


Required Signature of Registered Agent

5/5/2014

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

5/5/2014

Date