

N14000005679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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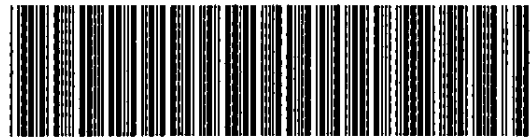
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Reforma de Florida, 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: Isabel Castro
Name (Printed or typed)

3620 20th Avenue NE
Address

Naples, FL 34120
City, State & Zip

(239) 353-1033
Daytime Telephone number

reformafl@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: Reforma de Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3620 20th Avenue NE
Naples, FL 34120

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Reforma de Florida is the Florida
chapter of the national organization,
REFORMA. The Florida chapter will
further REFORMA's work in promoting library
and information services to Latinos and the
Spanish speaking in the state of Florida.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: nominated
and elected by voting majority of all active members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 13 AM 7:51

FILED

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: Isabel Castro
Address: 3620 20th Avenue NE
Naples, FL 34120

Isabel Castro
Isabel Castro

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Isabel Castro
Address: 3620 20th Avenue NE
Naples, FL 34120

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

Isabel Castro
Isabel Castro
Required Signature of Registered Agent

6/10/14
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.

Isabel Castro
Isabel Castro
Required Signature of Incorporator

6/10/14
Date

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TALLAHASSEE FLORIDA