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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 7/24

## COVER LETTER

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

SUBJECT: In Solidarity 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: Solange Zerquera

Name (Printed or typed)

18048 NW 59th Ave #102

Address

Hialeah, Florida 33015

City, State & Zip

(954) 675-0063

Daytime Telephone number

InSolidarityInc@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: In Solidarity Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

18048 NW 59 Ave #102

Hialeah, FL 33015

Mailing address, if different is

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to bridge the gap between individuals in need,  
those willing to help and public services available.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Elected

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

Name and Title: Solange Zerquera, President

Address: 18048 NW 59 Ave #102

Hialeah, FL 33015

Name and Title: Jenny Mena, Vice President

Address: PO BOX 126384

Hialeah, FL 33012

Name and Title: Lilian Zerquera, Secretary

Address: 18048 NW 59 Ave

Hialeah, FL 33015

Name and Title: Desiree Zerquera, Treasurer

Address: 3810 Maybelle Ave #12

Oakland, CA 94619

Name and Title: Frankie Zerquera, Director

Address: of Marketing and Design

PO BOX 126384

Hialeah, FL 33012

Name and Title: Juan Berumen, Development

Address: Director

3810 Maybelle Ave #12

Oakland, CA 94619

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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:

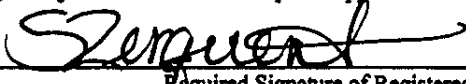
Name: Solange Zerquera  
Address: 18048 NW 59 Ave #102  
Hialeah, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Solange Zerquera  
Address: 18048 NW 59 Ave #102  
Hialeah, FL 33015

*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

7/15/14  
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.*

  
Required Signature of Incorporator

7/15/14  
Date