

N/140000/0730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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*[Signature]* 11/21/14

**COVER LETTER**

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

**SUBJECT:** FOUNDATION DR. ENRIQUE E. BALLESTAS, 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: ELEUTERIO DELACRUZ**  
Name (Printed or typed)

**8605 MALLARD RESERVE DR UNIT 104**  
Address

**TAMPA, FL, 33614**  
City, State & Zip

**813-767-0739**  
Daytime Telephone number

**ASOCOL@LIVE.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: FOUNDATION DR. ENRIQUE E. BALLESTAS, INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

8605 MALLARD RESERVE DR, # 104

TAMPA, FL, 33614

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE ECONOMIC ASSISTANCE  
TO STUDENTS OF COLOMBIAN DESCENT WITH DEMONSTRATED NEED.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: APPOINTED  
BY THEIR ORGANIZATION AND POSITIONS ARE DECIDED BY THE THREE MEMBERS

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

Name and Title: MAX PENA, EXECUTIVE DIRECTOR

Address 4204 CARROLLWOOD VILLAGE CT

TAMPA, FL, 33618

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

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

Name and Title: JORGE E OTERO, TREASURER

Address 18911 AVENUE BIARRYZ

LUTZ, FL, 33558

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

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

Name and Title: ELEUTERIO DELACRUZ

Address 8605 MALLARD RESERVE DR # 104

TAMPA, FL, 33614

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

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

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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: ELEUTERIO DELACRUZ

Address: 8605 MALLARD RESERVE DR # 104

TAMPA FL 33614

**ARTICLE VII INCORPORATOR**

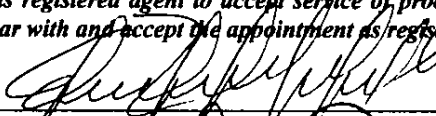
The name and address of the Incorporator is:

Name: MAX PENA

Address: 4204 CARROLLWOOD VLLAGE CT

TAMPA, FL, 33618

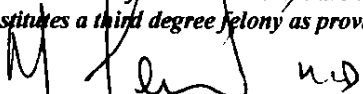
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

10/30/14

\_\_\_\_\_  
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

10/30/14

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA