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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PAND:

COVER LETTER

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

SUBJECT: Association of Ocoenos Residing in Florida, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one (1) copy of the Ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78:75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	

FROM:	MATHHEW AND ASSOCIATES
I KOM.	Name (Printed or typed)
	1399 NW 17 th Ave
	Address
	Miami Florida 33125
	City, State & Zip
	786 488 1157
	Daytime Telephone number
	tenares @inbox
]	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

November 14, 2014

MATTHEW AND ASSOCIATES 1399 NW 17TH AVENUE MIAMI, FL 33125

SUBJECT: ASSOCIATION OF OCOENOS RESIDING OF FLORIDA, INC

Ref. Number: W14000068906

We have received your document for ASSOCIATION OF OCOENOS RESIDING OF FLORIDA, INC and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the corporation for Article I.

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.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 114A00024301

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address: 230 NW 87th Ave # -128	Mailing address, if different is: 230 NW 87th Ave #I-128
Miami FL 33172	Miami, FL 33172
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Promotèn: the Dominican culture onte other social services. We also will help our community to malanin unity
every two years ARTICLE V INITIAL OFFICERS AND/OR D	·
	Name and Title: Juan Roa
230 nw 87th ave#I-230	
Miami FL, 33172 Miami FL, 33172 Julissa Perez 1153 pw 123 ct	Address: 13400 sw 52nd st 景祭 场
Miami FL, 33172 Same and Title: Julissa Perez 1153 nw 123 ct	Address: 13400 sw 52nd st Fig. 55 Miami, FL 33172 Name and Tifle: Lourdes Gonzalez On Address: 3536 Estpona Ave 257

Name and Ti	Nelson Ramirez	Name and Title	Altagracia Chalas	
Address	1950 North Ocean Dr.	Address:	5316 NW 187 th st	_
-	Hollywood, Fl	-	Miami, FL 33055	_
	Melmo I. Laweres		allogrow chol	5
Name and Tit	le:	Name and Title		<u> </u>
Address		Address:		
		-	·	<u> </u>
		-	1	
ARTICLE V The name and Name: Address:	T REGISTERED AGENT d Florida street address (P.O. Box NOT acce ANGEL AGUASVIVAS 230 NW 87th Ave I-230 MIAMI FL 33172		istered agent is: ALAHASSEE FLO	APPROVEL AND FILED IS JAN -5 PH 12: 01
	MIAMI FL 33172		RIDA	ATE ATE
	II INCORPORATOR d address of the Incorporator is:			
Name:	ANGEL AGUASVIVAS			
Address:	230 NW 87th Ave I-2	230		
	MIAMI FL 33172			
Having been certificate, I a	named as registered agent to accept service on familiar with and accept the appointment a	s regislered ager	ne above stated corporation at the place at and agree to act in this capacity	e designated in this
I submit this of to the Departs	Required Signature of Registered locument and affirm that the facts stated here nent of State constitutes a third degree felony Required Signature of Incor	rin are trap. I am as provided for i	Date aware that any false information submins.817.155, F.S.	nitted in a document