

N15000002314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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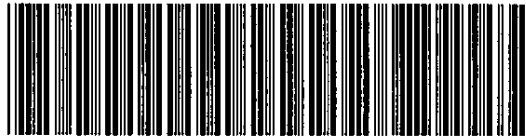
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/04/15--01008--009 **70.00

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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: **Bolivians Without Disabilities, 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: **Matthew Pepe**

Name (Printed or typed)

1104 Seminole Dr

Address

Indian Harbor Beach, FL 32937

City, State & Zip

321-773-0906

Daytime Telephone number

mattpepe@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLE I NAME

The name of the corporation shall be: Bolivians Without Disabilities, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1104 Seminole Dr

Mailing address, if different is:

Indian Harbor Beach, FL 32937

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide funding and support services to organizations that serve Bolivians with disabilities thereby significantly improving their lives, both physically and emotionally, via greater physical abilities, to contribute more to their families and community, raise their self-esteem and open more employment opportunities. The Corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

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

As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew Pepe President

Name and Title: Luana Connor Treasurer

Address: 1104 Seminole Dr
Indian Harbor Beach, FL 32937

Address: 8832 Chestnut Hill Ln
Highlands Ranch, CO 80130

Name and Title: Susan Pepe Secretary

Name and Title: _____

Address: 6641 Tyrian St
La Jolla, CA 92037

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 MAR -4 AM 8:52

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: Matthew Pepe

Address: 1104 Seminole Dr
Indian Harbor Beach, FL 32937

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew Pepe

Address: 1104 Seminole Dr
Indian Harbor Beach, FL 32937

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

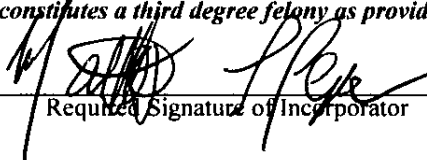


Required Signature of Registered Agent

3/3/15

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

3/3/15

Date

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TALLAHASSEE FLORIDA