

N15000004707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

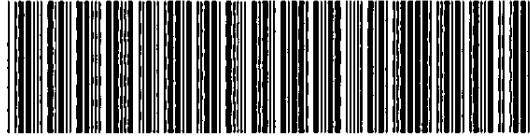
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/05/15--01028--008 **78.75

FILED
2015 MAY -5 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REC'D

5/12/2015

COVER LETTER

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

SUBJECT: Fundacion Lemuel Rivera 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: Zachary T. Silides

Name (Printed or typed)

3990 Old Town Ave Ste. C305

Address

San Diego, CA 92110

City, State & Zip

480-252-8407

Daytime Telephone number

lemuelr@yahoo.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: Fundacion Lemuel Rivera Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3325 S. Kirkman Rd.

Orlando, FL 32811

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations 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 stated in by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lemuel Rivera, President

Address

3325 S. Kirkman Rd.
Orlando, FL 32811

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
2015 MAY -5 PM 4:08
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ORANGE, FL

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: Lemuel Rivera

Address: 3325 S. Kirkman Rd.

Orlando, FL 32811

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lemuel Rivera

Address: 3325 S. Kirkman Rd.

Orlando, FL 32811

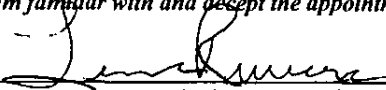
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

04/30/2015

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

04/30/2015

Date