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COVER LETTER

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

SUBJECT: Iniciativa Acción Puertorriqueña, 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: Daliah Lugo
Name (Printed or typed)

1088 Shaffer Trl.

Address

Oviedo, FL 32765

City, State & Zip

(407) 694-8714

Daytime Telephone number

daliah327@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: Iniciativa Acción Puertorriqueña, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4545 Woodlands Village Drive
Orlando, FL 32835

Mailing address, if different is:

15 MAY 11 PM 12:58
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote the welfare and advancement of the Hispanic population of Florida by assisting in the creation, maintenance and development of community initiatives in the areas of civic engagement, leadership development, education, health care, housing and economic development, among others. The corporation is organized exclusively for charitable and educational purposes, including for such purposes the making and distributions to organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Yearly elections

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jimmy Torres-Velez, President Name and Title: _____

Address: 3306 S. Semoran Blvd. Address: _____
Orlando, FL 32822 _____

Name and Title: Rafael C. Benitez, Treasurer Name and Title: _____

Address: 4545 Woodlands Village Drive Address: _____
Orlando, FL 32835 _____

Name and Title: Daliah Lugo, Secretary Name and Title: _____

Address: 1088 Shaffer Trl. Address: _____
Oviedo, FL 32765 _____

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:

FLORIDA
DEPARTMENT OF STATE
REGISTRATION
AND
INSPECTION
DIVISION

Name: Daliah Lugo
Address: 1088 Shaffer Trl.
Oviedo, FL 32765

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rafael C. Benitez
Address: 4545 Woodlands Village Drive
Orlando FL 32835

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

5/2/2015
Date

Required Signature of Registered Agent

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.

5/2/2015
Date

Required Signature of Incorporator

RAFAEL C. BENITEZ