## M SWW 4903

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## COVER LETTER

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

SUBJECT: Boricua Vota	ı, Inc.			
50D0D01.	(PROPOSED CORPO	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Art	icles of Incorporation and	a check for:	
	()			
\$70.00	\$78.75	□\$78.75	<b>\$87.50</b>	
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,	
	Certificate of Status	& Certified Copy	Certified Copy & Certificate	
	Status		& Certificate	
	ADDITIONAL COPY REQUIRED		PY REQUIRED	
		<u> </u>		
	B. 11.1.2			
FROM:	Daliah Lugo			
	Nar	me (Printed or typed)		
	1088 Shaffer Trl.			
Address				
Oviedo, Fl 32765				

(407) 694-8714

daliah327@gmail.com

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

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

Daytime Telephone number

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

<u>ARTICLE I</u> The name of <u>ARTICLE II</u>	PRINCIPAL OFFICE		
454	Principal <u>street</u> address: 15 Woodlands Village Drive	Mailing address, if different is:	
Orl	ando, FL 32835		
The purpose by initiating	and sponsoring projects aimed at increase	To promote the welfare and advancement of Florida's Puerto Ricating voter registration, voter education and participation in the politicated exclusively for charitable and educational purposes, including f	ical process
		under section 501(c)(4) of the Internal Revenue Code, or the corr	
	ny future federal code.	s under section 501(0)(1) of the internal revenue code, of the con-	
ARTICLE I	<i>V MANNER OF ELECTION</i> _ The m	nanner in which the directors are elected and appointed: Yearly electi	ons.
			ons.
	/ INITIAL OFFICERS AND/OR DIR		ons.
ARTICLE S	/ INITIAL OFFICERS AND/OR DIR	<u>ECTORS</u>	ons.
ARTICLE I	INITIAL OFFICERS AND/OR DIR  Title:	ECTORS  Name and Title:	15 HAY
ARTICLE I	INITIAL OFFICERS AND/OR DIR  Title:  Jimmy Torres-Velez, President  3306 S. Semoran Blvd.  Orlando, FL 32822  Rafael C. Benitez, Treasurer	ECTORS  Name and Title:	15 HAY
ARTICLE S  Name and T  Address	INITIAL OFFICERS AND/OR DIR  Title:  Jimmy Torres-Velez, President  3306 S. Semoran Blvd.  Orlando, FL 32822  Rafael C. Benitez, Treasurer	Name and Title:  Address:	15 MAY     AH   :
ARTICLE IN Name and TAddress  Name and T	itle:  Initial Officers AND/OR DIR  itle:  Jimmy Torres-Velez, President  3306 S. Semoran Blvd.  Orlando, FL 32822  Rafael C. Benitez, Treasurer	Name and Title:  Address:  Name and Title:	15 HAY
ARTICLE IN Name and TAddress  Name and TAddress	itle:  Jimmy Torres-Velez, President  3306 S. Semoran Blvd.  Orlando, FL 32822  Rafael C. Benitez, Treasurer  4545 Woodlands Village Drive  Orlando, FL 32835	Name and Title:  Address:  Name and Title:	15 MAY     AH   :
ARTICLE IN Name and Total Address  Name and Total Address	itle:  Jimmy Torres-Velez, President  3306 S. Semoran Blvd.  Orlando, FL 32822  Rafael C. Benitez, Treasurer  4545 Woodlands Village Drive  Orlando, FL 32835	Name and Title:  Address:  Name and Title:  Address:	15 MAY     AH   :

•	,		
Name and Title:_		Name and Title:	
Address _	· · · · · · · · · · · · · · · · · · ·	Address:	
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Name and Title:		Name and Title:	
Address			
Address _		Address.	<del></del>
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-			<del></del>
ADTICI E VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acc	ceptable) of the registered agent is:	
Name:	Daliah Lugo	<del></del>	
Address:	1088 Shaffer Trl.		
	Oviedo, FL 32765		
	<u>INCORPORATOR</u> ddress of the Incorporator is:		
Name:	Rafael C. Benitez		
Address:	4545 Woodlands Village I	Drive	
	Orlando, FL 32835		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	(OPTIONAL) and cannot be more than five busines	s days prior or 90 business days
after the filing.)			
	e inserted in this block does not meet the ctive date on the Department of State's re		this date will not be listed as the
document s crici	on the Department of State 3 fe	corus.	
	med as registered agent to accept servic familiar with and accept the appointment		
			r .
- (1)	Required Signature of Registers	ed Agent	5 2 2015 Date
I submit this doc	ument and affirm that the facts stated be	erein are true. I am aware that any false	information submitted in a document
to the Departme	nt of State constitutes a third degree felon	y as provided for in s.817.155, F.S.	-/alane
	Paguinal Signature Signature	ormorator .	5/2/2015
	Required Signature of Inc	orporator ALSTEP	, Date
	KHAELY C. BE	W 1100	

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