

N15000005692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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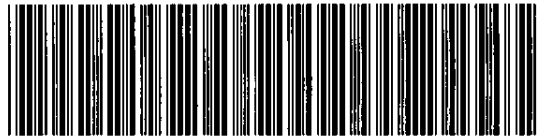
(Business Entity Name)

(Document Number)

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RECEIVED
15 JUN -9 PM 2:43
DIVISION OF CORPORATIONS
15 JUN -9 PM 2:52
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: La Unica Verdad 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:

Luisa Allegri de Gonzalez

Name (Printed or typed)

4726 Whispering Wind Ave.

Address

Tampa, FL. 33614

City, State & Zip

(813) 704-8695

Daytime Telephone number

Luisaallegri7@icloud.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)

ARTICLES
AND
FEDS

ARTICLE I NAME

The name of the corporation shall be: La Unica Verdad Inc.

15 JUN - 9 PM 2:52

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

SEC. OF STATE
TAMPA, FLORIDA

4726 Whispering Wind Ave

Tampa FL 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable, religious
and religious educational purposes, including in kind purposes
the making of distributions to organizations that qualify
as exempt organizations under section 501(c)(3) of the
Internal Revenue Code which governs non-profit corporations
Any and All lawful business.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: shall be
elected by a majority vote of the members of this corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luisa Allegri de Gonzalez President

Address: 4726 Whispering Wind
Ave.
Tampa FL 33614

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____ 15 JUN -9 14 27 58

ATLANTA-SEE FLORIDA

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: Luisa Alegri Gonzalez
Address: 4726 Whispering Wind Ave
Tampa, Fl. 33614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luisa Allegri de Gonzalez
Address: 4726 Whispering Wind Ave
Tampa, FL. 33614.

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

6/9/2015

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

6/9/2015

Date _____