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COVER LETTER

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

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SUBJECT: CASA DE ESPERANZA, 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

Status

ST8.75 Filing Fee & Certified Copy State State

ADDITIONAL COPY REQUIRED

FROM:

MATTHEW & ESTRELLA Name (Printed or typed)

1399 NW 17TH AVE #308

Address

MIAMI FLORIDA

City, State & Zip

786 488 1157

Daytime Telephone number

tenares @ inbox.com

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2015

MATTHEW & ESTRELLA 1399 NW 17TH AVE #308 MIAMI, FL 33125

SUBJECT: CASA DE ESPERANZA, INC Ref. Number: W15000040540

We have received your document for CASA DE ESPERANZA, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The name and document number of conflict is, " N08000011557 - CASA DE ESPERANZA, INC."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain Regulatory Specialist II

Letter Number: 615A00012208

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation shall be: CASA DE ESPERANZA FOUNDATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailin	g address, if different is	
2150 RUTLAND ST	SAME		
OPA LOCKA, FLORIDA 3305			JUL Tr
	· ·		
ARTICLE III PURPOSE TO CONDUCT	CT ALL ACTIVITIES	S OF A COMMUNITY	BASE ORGANIZA
IN SUPPORT OF COSTRUCTION OF SCHOOLS, PLACES OF V	WORSHIP , MEDICA	L FACILITIES, FAM	LY HOUSING AND
OTHER FACILITIES IN POOR AND DISADVANTAGED AREA	AS ; SUPPLY FOOD	MEDICAL SUPPLIE	S , MEDICALL EQUI
PMENT, OTHER NECESSITIES TO THE POOR AND NEEDY A	AND AS DISASTER	RELIEF IN THE EVE	NT OF NATURAL

DISASTERS, provide service to senior citizen

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

Election for a period of four years

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	MELANIA ROJAS, EXECUTIVE DIREC	Name and Title	MARIA ESPERANZA DE LEON, PRE
Address	2150 RUT LAND ST		2150 RUT LAND ST .
(OPA LOCKA FL 33054		OPALOCKA FL 33054
Name and Title	JORGE A ROJAS (SECRETARY)	Name and Title	ANGELA CRUZ (DIRECTOR)
Address	2150 RUTLAND ST	Address:	9755 NW 52 ST#213
Address	OPALOCKA FL 33054		MIAMI FLORIDA 33178
Name and Title	NICOLAS SURIEL , DIRECTOR	Name and Title:	JAEMI HOLGUIN(DIRECTOR
Address	3240 NW 18 TERRACE	Address:	2150 RUTLAND ST
	MIAMI, FLORIDA 33125	AMI, FLORIDA 33125 OPALOCKA FL	OPALOCKA FL 33054
	· · ·		

Name and Ti	MELANIO ROJAS ,VICE PRESIDENT	Name and Title:
Address	2150 RUTLAND ST	Address:
, tear ess	OPALOCKA FL 33054	
Name and 11		
Address	· · · · · · · · · · · · · · · · · · ·	Address:
	·	
	<u>REGISTERED AGENT</u> <u>d Florida street address</u> (P.O. Box NOT acce	etable) of the maintured equation
	MELANIA ROJAS	plane) of the registered agent is:
Name:	MELANIA KODAS	
Address:	2150 RUTLAND ST	
	OPALACKA FL 33054	
ARTICI F VI		
	T INCORPORATOR	
	1 INCORPORATOR address of the Incorporator is:	
iName:		
	d address of the Incorporator is:	
Name: Address:	d address of the Incorporator is: MELANIA ROJAS	
	d address of the Incorporator is: MELANIA ROJAS 2150 RUTLAND ST	
Address: ARTICLE VI	d address of the Incorporator is: MELANIA ROJAS 2150 RUTLAND ST	

(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

<u>29</u> Date 15

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.

elouia Loppo Required Signature of Incorporator

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