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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

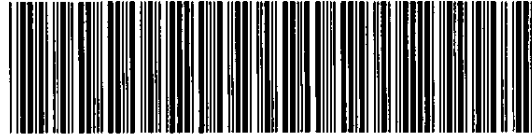
(Business Entity Name)

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15 JUL 27 AM 7:10
MAY 15 2015
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JUL 29 2015
T. LEMIEUX

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

SUBJECT: MIL AMIGOS DE HOLGUIN, 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: MANUEL GONZALEZ
Name (Printed or typed)

2855 LEONARD DRIVE - APT H-302
Address

AVENTURA, FL 33160
City, State & Zip

305 793-9995
Daytime Telephone number

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: MIL AMIGOS DE HOLGUIN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2855 LEONARD DRIVE #H302
AVENTURA, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DEVELOPMENT, ENHANCEMENT,
BEATIFICATION OF PUBLIC AREAS FOR CULTURAL AND
HISTORIC PURPOSES AND COMMUNITY BENEFITS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: SECRET BALLOTS
EVERY YEAR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANUEL GONZALEZ
PRESIDENT
Address: 2855 LEONARD DRIVE #H-302
AVENTURA, FL 33160

Name and Title: MARIA FERRO, SECRETARY
Address: 1100 SAINT CHARLES PLACE #509-D
PEMBROKE PINES, FL 33026

Name and Title: MARIA FERRO, VICE PRESIDENT
Address: 1100 SAINT CHARLES PLACE #609D
PEMBROKE PINES, FL 33026

Name and Title: _____
Address: _____

Name and Title: MANUEL GONZALEZ, TREASURER
Address: 2855 LEONARD DRIVE #H-302
AVENTURA, FL 33160

Name and Title: _____
Address: _____

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15 JUL 27 AM 7:15

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: MANUEL GONZALEZ

Address: 2855 LEONARD DRIVE -#H-302
AVENTURA, FL 33160

ARTICLE VII INCORPORATOR

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

Name: MANUEL GONZALEZ

Address: 2855 LEONARD DRIVE -#H-302
AVENTURA, FL 33160

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

Manuel Gonzalez
Required Signature of Registered Agent

7/23/15
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.

Manuel Gonzalez
Required Signature of Incorporator

7/23/15
Date