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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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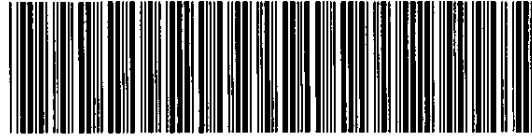
(Business Entity Name)

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MAINTENANCE  
FALL 2015

T. LEMIEUX

JUL 29 2015

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

Name and Title: MARIA FERRO, SECRETARY

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

Address: 1100 SAINT CHARLES PLACE -#609-D  
PEMBROKE PINES, FL 33026

Name and Title: MARIA FERRO, VICE PRESIDENT

Name and Title: - - - - -

Address: 1100 SAINT CHARLES PLACE -#609D  
PEMBROKE PINES, FL 33026

Name and Title: MANUEL GONZALEZ, TREASURER

Name and Title: - - - - -

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

Address: - - - - -

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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