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| Certified Copies        | _ Certificates     | of Status |
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| Special Instructions to | Filing Officer:    |           |
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### **COVER LETTER**

| Division of Corporations P. O. Box 6327 | s  |   |  |      |
|---|--|---|--|------|
| Tallahassee, FL 32314                   | C. El Buen                                 | 2 .1  |  |      |
|   |  |   | _ ,  |      |
| SUBJECT: Centro                         | Humanitario Cri<br>(PROPOSED CORPO         | ctiano El Buer<br>Pratename- <u>mustino</u> | n Samari tano<br>CLUDE SUFFIXO                   | Tnc. |
|   |  |   |  |      |
|   |  |   |  |      |
| Enclosed is an original a               | and one (1) copy of the Arti               | cles of Incorporation and                   | a check for:                                     |      |
| \$70.00<br>Filing Fee                   | \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy        | \$87.50 Filing Fee, Certified Copy & Certificate |      |
|   |  | ADDITIONAL CO                               | PY REQUIRED                                      |      |
| FROM:                                   | Luz Alicia                                 | Melendez<br>le (Printed or typed)           | -  |      |
|   | 6740 Lodge                                 | Address                                     | -  |      |
|   | Orlando, Ho                                | Diri de 32009<br>City, State & Zip          | -  |      |
|   | 407-490-6698/                              | 407-375-4429<br>ne Telephone number         | -  |      |

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

L'izzieamenlendez @ Gmail · Com E-mail address: (to be used for future annual report notification)

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2015

LUZ ALICIA MELENDEZ 6740 LODGE AVE ORLANDO, FL 32809

SUBJECT: CENTRO HUMANITARIO CRISTIANO EL B UEN SAMARITANO

Ref. Number: W15000051686

We have received your document for CENTRO HUMANITARIO CRISTIANO EL B UEN SAMARITANO 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 must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Tim Burch Regulatory Specialist II

Letter Number: 915A00016045

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

| ARTICLE 1 NAME The name of the corporation shall be: Centro Humani tari | o Cristiano El Buen Samaritano                      |
|---|---|
| ARTICLE II PRINCIPAL OFFICE   |   |
| Principal street address:   | Mailing address, if different is                    |
| 6740 Lodge Avenue   | P.O. Box 593904 = 1                                 |
| Orlando Florida 32809   | Orlando Florida 32859                               |
|   | ORIO  |
| ARTICLE III PURPOSE   | ۸ ۵ ۱   |
| The purpose for which the corporation is organized is: The pur          |   |
| to serve our community in many ways.                                    | One of the ways is to creat health                  |
| fairs to educate our community on who                                   | et is out there for their beniefit. Another         |
| way is to have fairs for school so we                                   | can halp our future generation with                 |
| the equipment they need to be able to                                   | , · · · · · · · · · · · · · · · · · · ·             |
| targeting done Hons in order to some                                    | £   |
| and shoes. We are also serving our c                                    | ommonity with food in the form of -                 |
| ARTICLE IV MANNER OF ELECTION The manner in which the                   | directors are elected and appointed: The directors  |
| are elected and appointed at the anual m                                | netting each year.                                  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS                             | $O$ . $\lambda$                                     |
| Name and Title: Luz Alicia Melendez CEO Name and T                      | President<br>Fille: Angel Jr. Rivera Executive Vice |
| Address 6740 Lodge Are Address:   | 2019 Dearing Ave.                                   |
| Orlando, Florida 32809  | Jeltona, Florida 32725                              |
| Name and Title: Maria Milagio Rivera Name and T                         | ritle: Francisco Catalan CFO/Treasurer              |
| Address 615 Crove C+. Address:  | 6424 S. Golden Rd.                                  |
| Maitland FL. 32751  | Unit 12B  |
|   | Orlando, FL. 32822                                  |
| Name and Title: Ruth Aguilar C.O.O. Name and T                          | Pitle: Lois Enrique Hernandez Advisor               |
| Address 325 Jasmine Road Address:                                       | 6740 Lodge Avenue                                   |
| Casselberry, FL. 32707  | Orlando, Florida 32809                              |

## Article III Purpose

· - Soup Kitchen and paritry.

We also visit the Sick in hospitals, Elderlies in norsing homes and Our prisoners in jail and their families.

We are in the buisness of looking out for our Community to help them in their needs to become better in the Present and future. No human being or family should have to go through hard times alones if we all help each other!

|                | ~ S  | piritual Leader  |              |         |             |
|----------------|--|--|--------------|---------|-------------|
| Name and Title | Kev. Jose A. Carrion   | Name and Title:  |              |         |             |
| Address        | 1018 Girard Dr.  | Address:   |              |         |             |
|                | Orland Fl. 32824   | , '  |              |         |             |
|                |  |  |              |         |             |
|                |  |  |              |         |             |
| Name and Title |  | Name and Title:  |              |         |             |
| Address        |  | Address:   |              |         |             |
|                |  |  |              |         |             |
|                |  |  |              |         |             |
|                | The second secon | -  |              |         |             |
| ARTICLE VI     | REGISTERED AGENT   |  |              |         |             |
|                | Florida street address (P.O. Box NOT acce  | eptable) of the registered agent is:   | SEI          | क्र     | . —         |
| Name:          | Luz Alicia Melen   | dez  | AH           | SEP     | 11          |
| Address:       | 6740 Lodge Avenue  | <u>e</u>   | JSSE<br>XXXX | ဌ       | inches and  |
|                | Orlando Florida 3  | Page   | OF STATE.    | P       |             |
|                |  |  | STAT         | သ       |             |
|                | INCORPORATOR address of the Incorporator is:   |  | D.F          | Ö       |             |
| Name:          | Luz Alicia Malen   | des  |              |         |             |
|                | 1710 lodes A   |  |              |         |             |
| Address:       | 6740 Lodge Aver  |  |              |         |             |
|                | Ortendo, FL. 328   | 109  |              |         |             |
| ARTICLE VIII   | FFFECTIVE DATE: f other than the date of filing:   | U 2015 (OPTIONAL)  |              |         |             |
|                | date is listed, the date must be specific as   | 14, 2015 (OPTIONAL)  nd cannot be more than five business days prio  | r or 90 b    | usines  | s days      |
|                | e inserted in this block does not meet the ap<br>ctive date on the Department of State's reco  | pplicable statutory filing requirements, this date words.  | ill not be   | listed  | as the      |
| //             |  | C  | h            |         |             |
|                |  | of process for the above stated corporation at the<br>as registered agent and agree to act in this capacit |              | iesigna | neu in inis |
| Lu Ol          | me Cardo   | J.J.   | <b>.</b> 24. | Jor     | 5           |
| C xung Coo     | Required Signature of Registered   | Agent  | Date         |         | <u> </u>    |
|                |  | ein are true. I am aware that any false informatio   | n submitt    | ed in a | document    |
| w ine Departme | ent of State constitutes a third degree felony   | us proviueu jor in 8.817.155, P.S.   |              |         |             |
| Trus           | Allun / Nelen Cle<br>Required Signature of Income  | rperator   | Date         | 201     | <u>5</u>    |
| v              |  | - y-   |              |         |             |