

N15000009417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

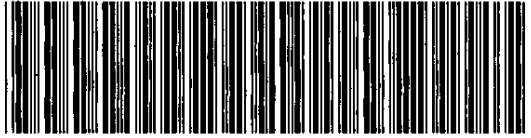
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 SEP 23 AM 9:42

9/29 a

COVER LETTER

original
2 copies included.

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

SUBJECT: Raquel REGALADO For Mayor 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: Raquel A. REGALADO
Name (Printed or typed)

1850 SW 36 Ave
Address

Miami, FL 33145
City, State & Zip

305-593-2644
Daytime Telephone number

raquelregalado@ymail.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)

ARTICLE I NAME

The name of the corporation shall be: Raquel REGALADO FOR MAYOR ^{Comm} INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1850 SW 36 AVE

Miami, FL 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Committee to Elect Raquel Regalado as Mayor of Miami-Dade County.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided for in the Bylaws.

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TALLAHASSEE, FLORIDA
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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raquel REGALADO Name and Title: DIRECTOR

Address 1850 SW 36 AVE Address: _____
Miami FL 33145

Name and Title: JOSE F. Regalado Name and Title: DIRECTOR.

Address 2424 SW 20th St Address: _____
Miami, FL 33145

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Raquel Rejalado

Address: 1850 SW 36 Ave
Miami, FL 33145

ARTICLE VII INCORPORATOR

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

Name: Raquel Rejalado

Address: 1850 SW 36 Ave
Miami, FL 33145

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


Required Signature of Registered Agent

Sep 16, 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

Sep 16, 2015
Date