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TALLAHASSEE, FLORIDA

15
10/1/15

COVER LETTER

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

SUBJECT: Centro Comunitario Casa de Vida, 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: Genesis Ramirez

Name (Printed or typed)

7851 NW 35th CT. Apt #

Address

Coral Springs, FL 33065

City, State & Zip

954.531.5025

Daytime Telephone number

casadevida_florida@hotmail.com

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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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: Centro Comunitario Casa de Vida, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7851 NW 35th CT #3

Coral Springs, FL 33065

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our Organizatio aims to: Analyze the situation of sigle mothers and their children in today's society.

Promote equal rights of families respecting their diversity. Foster support measures aimed at reducing the risk of social excusions of single parent families.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Genesis Ramirez - President

Address: 7851 NW 35th CT #3
Coral Springs, FL 33065

Name and Title: Carlos Martinez - Vice president

Address: 7851 NW 35th CT #3
Coral Springs, FL 33065

Name and Title: Liana Arrarte - Treasurer

Address: 9921 Twin Lakes Drive
Coral Springs, FL 33071

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Genesis Ramirez
Address: 7851 NW 35th CT #3
Coral Springs, FL 33065

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Genesis Ramirez
Address: 7851 NW 35th CT #3
Coral Springs, FL 33065

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

8/27/15

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.



Required Signature of Incorporator

8/27/15

Date