## N 1500010233

(Re	equestor's Name)	
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(Ad	idress)	······································
(Cir	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

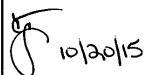
Office Use Only



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FILED 15 001 14 PM 3.01



## COVER LETTER

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

SUBJECT: Engaging Communities Non Profit Corporation  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed is an original a	and one (1) copy of the Artic	cles 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,		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Sonia L. Rubio-Yates	e (Printed or typed)	-		
	13285 Lakeside Теггасе				
	Address		-		
Cooper City, Florida, 33330					
	City, State & Zip  305 898-8786  Daytime Telephone number		- (### 6 5-41)		
			- ## ## ## ## ## ## ## ## ## ## ## ## ##		
	handspecialists@bellsouth.net		- 1865 - 1865 - 1865		
F	E-mail address: (to be used for fu	uture annual report notificatio	ōn) 高点。		

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2015

SONIA L. RUBIO-YATES 13285 LAKESIDE TERRACE COOPER CITY, FL 33330

ARCHIVED OCK TARREST SUBJECT: ENGAGING COMMUNITIES NON PROFIT CORPORATION

Ref. Number: W15000064497

We have received your document for ENGAGING COMMUNITIES NON PROFIT CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 215A00020441

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

	The name of the corporation shall be:  Engaging Communities Non Pro		· / hand / /
ARTICELIT	ARTICLE II PRINCIPAL OFFICE		15 OCT 14 FH 3
132	Principal <u>street</u> address: 285 Lakeside Terrace		Mailing address, if different is:
Cod	oper City, Florida 33330		The State of the S
	I PURPOSE		
	for which the corporation is organized is: _ ersons in service, in educating and in provi		
ARTICLE I	✓ <i>MANNER OF ELECTION</i> The ma	nner in which the dire	Appointed per bylaws
ARTICLE I)	/ MANNER OF ELECTION The ma	nner in which the dire	etors are elected and appointed:
			etors are elected and appointed:  Appointed per bylaws
RTICLE V	INITIAL OFFICERS AND/OR DIRE	CCTORS	
I <i>RTICLE V</i> Name and Ti	INITIAL OFFICERS AND/OR DIRE	CCTORS  Name and Title	Sonia L. Rubio-Yates (Treasurer)
<i>RTICLE V</i> Name and Ti	INITIAL OFFICERS AND/OR DIRE tle: (President)	CCTORS	Sonia L. Rubio-Yates (Treasurer)
<i>RTICLE V</i> Name and Ti	tle:  Carina M. Yates (President)  13285 Lakeside Terrace	CCTORS  Name and Title	Sonia L. Rubio-Yates (Treasurer)  13285 Lakeside Terrace
Name and Ti	tle: Carina M. Yates (President)  13285 Lakeside Terrace  Cooper City, Florida  33330  Annette J. Vates (Vice President)	CTORS  Name and Title Address:	Sonia L. Rubio-Yates (Treasurer)  13285 Lakeside Terrace  Cooper City, Florida  33330
Name and Ti Address	tle: Carina M. Yates (President)  13285 Lakeside Terrace  Cooper City, Florida  33330  Annette J. Vates (Vice President)	CTORS  Name and Title  Address:  Name and Title	Sonia L. Rubio-Yates (Treasurer)  13285 Lakeside Terrace  Cooper City, Florida
Name and Ti Address	tle:  Carina M. Yates (President)  13285 Lakeside Terrace  Cooper City, Florida  33330  tle: Annette L. Yates (Vice President)	CTORS  Name and Title Address:	Sonia L. Rubio-Yates (Treasurer)  13285 Lakeside Terrace  Cooper City, Florida  33330
Name and Ti Address	INITIAL OFFICERS AND/OR DIRE  tle: Carina M. Yates (President)  13285 Lakeside Terrace  Cooper City, Florida  33330  tle: Annette L. Yates (Vice President)  13285 Lakeside Terrace	CTORS  Name and Title  Address:  Name and Title	Sonia L. Rubio-Yates (Treasurer)  13285 Lakeside Terrace  Cooper City, Florida  33330
ARTICLE II  ARTICLE V  Name and Ti  Address  Name and Ti	tle: Carina M. Yates (President)  13285 Lakeside Terrace  Cooper City, Florida  33330  tle: Annette L. Yates (Vice President)  13285 Lakeside Terrace  Cooper City, Florida	CTORS  Name and Title Address:  Name and Title Address:	Sonia L. Rubio-Yates (Treasurer) 13285 Lakeside Terrace Cooper City, Florida 33330

Name and Title:		Name and Title:				
Address						
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<del></del>				_ <del></del>		
Name and Title:						
Address		Address:	.,			
_						
<del></del>		<del></del>				
	<u>EGISTERED AGENT</u> r <mark>ida street address</mark> (P.O. Box NOT acce	ptable) of the registered agent is:		ङ्ग		,
Name:	Sonia L. Rubio-Yates		200 mg 1	130	-11	
Address:	13285 Lakeside Terrace			1-1-		
	Cooper City, Florida 333	30		***************************************		
				ယှ		
	NCORPORATOR ress of the Incorporator is:		<u>भ</u> ्ना	9		. ·
Name:	Sonia L. Rubio-Yates					
Address:	13285 Lakeside Terrace					
	Cooper City, Florida 333	330				
ARTICLE VIII I	EFFECTIVE DATE: 00/27/20	\15				
Effective date, if or	ther than the date of filing: 09/27/20 te is listed, the date must be specific as	. (OPTIONAL)	lays prior or	90 bu:	siness d	lays
after the filing.)			•			•
	nserted in this block does not meet the ap		nis date will n	ot be li	isted as	the
dounien s'eneen		, au				
	ed as registered agent to accept service miliar with and accept the appointment o			lace de	2signate	d in this
			09/27/20	015		
Required Signature of Registered Agent		Date				
	nent and affirm that the facts stated here	ein are true. I am aware that any false ir	nformation su	bmitte	d in a d	ocument
to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  09/27/201		<b>Λ15</b>				
Required Signature of Incorporator			Date			
$\smile$	V	J				