## N500010338

(Re	equestor's Name)			
(Ad	idress)			
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(Cit	ty/State/Zip/Phone	<b>⇒</b> #)		
PICK-UP	WAIT	MAIL		
(Bı	usiness Entity Nan	ne)		
(50	iomoss Emily Ham	110,		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		-		

Office Use Only



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10/19/15--01012--013 \*\*70.00

mD 10/23

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

\_ **)**\s

SUBJECT: BETANCOURT LATORNE FOUNDATION, 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: Caplos BETANCOURT

Name (Printed or typed)

283 NE 86 STREET

EL PORTAL FL 33138
City! State & Zip

305 - 586 - 2517

Daytime Telephone number

CB PELICAN C GMAIL.com
E-mail address: (to be used for future annual report notification)

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

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

**5**.

The name of the	NAME e corporation shall be:	THE	BETANCO	PURT	LATURRE	FOUNDATION,
ARTICLE II	PRINCIPAL OFFICE				*** ***	Trc,
*****	Principal <u>street</u> address: 293 NE	86 STV	eet	Mailin	ng address, if differer	nt is:
	EL PORTA	L,FL		·····		= = = = = = = = = = = = = = = = = = = =
<del></del>	33138					***
The purpose for DIVEN	PURPOSE  To which the corporation is a  POSITY OF AI  PANT WAY	organized is:	To pr A thou ani An	omors BHT Tng	E THE DROVOKIN	CULTURAL NG NA LLY.
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ARTICLE V	MANNER OF ELECTION  MANNER OF ELECTION  MANNER OF ELECTION  NOTE OF ELECTION  INITIAL OFFICERS AL	BE REC B FOUNDIN NDIOR DIRECTO	OMMEND NG DIRE	ED A	NO Appoin	ITED BU
Name and Title	: Carlos 7	RETANGOUR	Name and Title:		-/ -/ -/	
Address	283 NE 8 El portal 33/38	,FL				
Name and Title	AIBERTO	MORRE	- FOUND Name and Title:	ing Di	nectur	
Address	800 West #243	Ave	Address:			···
	Miami Beach RICHARD B	4, FL3:	3139	).(5 5 5 -		
Name and Title	: KICHARD B	ANCO, FL	Name and Title:	receje		<del></del>
Address	10 BeHAR Concord 1		Address:			
	01742		•		•	<del></del>

trume und ame.		1 THILLY HIM 2 HIV.	
Address		Address:	
*****			
Name and Title:		Name and Title:	<u>,</u>
Address		Address:	
		-	
	REGISTERED AGENT orida street address (P.O. Box NOT acce	ntable) of the registered agent is:	
Name:	Caplos BETANO 283 NE 86 ST		
Address:	283 NE 867		
	Y Lam EL port	TALIFL	
	33	3138	
	INCORPORATOR		
i he name and add	iress of the Incorporator is:	• ~	3
Name:	A/BERTO LATO	)RRE	हार द
Address:	800 WRST AVR	#243	
	AlBERTO LATO 800 WRST AVR Miami BEACH,	FL 33139	
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if o	other than the date of filing:	. (OPTIONAL) nd cannot be more than five business d	and union on OV purinces days
after the filing.)	ite is listed, the date must be specific al	ng cannot be more than live business u	ays prior or 50 business days
	inserted in this block does not meet the apive date on the Department of State's reco	pplicable statutory filing requirements, the ords.	is date will not be listed as the
Having been nam	ed as registered agent to accept service	of process for the above stated corporat	tion at the place designated in this
certificate, I am fa	imiliar with and accept the appointment o	is registered agent and agree to act in this	s capacity
		A.	10 - 12 - 15 Date
	Required Signature of Registered	Agent	Date
	ment and affirm that the facts stated her of State constitutes a third degree felony	ein are true. I am aware that any false in as provided for in s.817.155, F.S.	formation submitted in a document
•	Desil 4	· ·	10-12-15
#	Required Signature of Inco	rporator	10-12-15 Date