

N 1500010347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800277879798

10/19/15--01010--016 \*\*78.75

FILED  
15 OCT 19 PM 3:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

10/23/15

## COVER LETTER

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

**SUBJECT:** Soy La Esperanza, 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:** The Adam Law Firm, P.A.  
\_\_\_\_\_  
Name (Printed or typed)

5401 S. Kirkman Rd., Suite 310  
\_\_\_\_\_  
Address

Orlando, FL 32819  
\_\_\_\_\_  
City, State & Zip

407-852-6362  
\_\_\_\_\_  
Daytime Telephone number

[gabriel@theadamlawfirm.com](mailto:gabriel@theadamlawfirm.com)

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

FILED  
15 OCT 19 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE 10/15/15

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: Soy La Esperanza, Inc.

FILED

**ARTICLE II PRINCIPAL OFFICE**

15 OCT 19 PM 3:10

Principal street address:  
111 E Lake Mary Blvd.

Mailing address, if different is:

Suite 107

Sanford, FL 32773

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to fulfill the needs of children through charitable works and/or donations to  
organizations that qualify under section 501(c)(3) of the Internal Revenue Code, or any corresponding section of any future federal tax  
code.

No proceeds of the corporation will enrich any individuals except that reasonable compensation may be paid for services to the  
corporation. If the corporation is dissolved, then any remaining assets will be distributed to another corporation serving a similar  
purpose and qualifying as a tax-exempt, charitable organization under the provisions of 501(c)(3) IRC.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: According to Bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gabriel Adam, Director

Name and Title: Karen Adam, Director

Address: 111 E Lake Mary Blvd.

Address: 111 E Lake Mary Blvd.

Suite 107

Suite 107

Sanford, FL 32773

Sanford, FL 32773

Name and Title: Pablo Adam, Director

Name and Title: Marta Adam, Director

Address: 111 E Lake Mary Blvd.

Address: 111 E Lake Mary Blvd.

Suite 107

Suite 107

Sanford, FL 32773

Sanford, FL 32773

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: The Adam Law Firm, P.A.  
Address: 5401 S Kirkman Rd., Suite 310  
Orlando, FL 32819

**ARTICLE VII INCORPORATOR**

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

Name: Gabriel Adam, Esq.  
Address: 5401 S Kirkman Rd., Suite 310  
Orlando, FL 32819

FILED  
15 OCT 19 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/15/2015 (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*

Gabriel Adam  
Required Signature of Registered Agent

10/15/2015  
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.*

Gabriel Adam  
Required Signature of Incorporator

10/15/2015  
Date