

N15000011615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

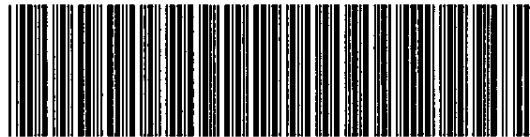
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC -9 2015

COVER LETTER

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

SUBJECT: CITIZENS AWARE 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: DURIEL RODRIGUEZ
Name (Printed or typed)

1949 SW IDAHO LANE
Address

PORT SAINT LUCIE, FL 34953
City, State & Zip

112-731-1043
Daytime Telephone number

durielrod@yahoo.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: Citizens Awake Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1949 SW IDAHO LN
Port Saint Lucie, FL
34953

Mailing address, if different

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To increase Public awareness of
government decisions or acts that effect American citizens.
Also, to increase public debate about issues of public interest
in hope of developing new solutions to problems that effect the
public.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Initially Selected
by the incorporator and hence forth by a majority of all votes of directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Rodriguez, chairman of the board of directors

Address: 1949 SW IDAHO LN
Port Saint Lucie,
FL 34953

Name and Title: Ingrid Rodriguez, vice-chairman

Address: 1949 SW IDAHO LN
Port Saint Lucie,
FL 34953

Name and Title: Eva Rodriguez, Director

Address: 1880 NW 27TH ST
Miami, FL 33142

Name and Title: Elia Santos Director

Address:

270 NW 2nd St.
Miami, FL 33176

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Address:

DURIEL Rodriguez
1949 SW IDAHO LANE
Port St. Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

DURIEL Rodriguez
1949 SW IDAHO LN.
Port St. Lucie, FL 34953

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TALLAHASSEE, FLORIDA

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

DURIEL Rodriguez

Required Signature of Registered Agent

10-12-15

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.

DURIEL Rodriguez

Required Signature of Incorporator

10-12-15

Date