

FEB 2 2016
S. GILBERT

COVER LETTER

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

SUBJECT: Our Lady of FATima 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: Homero Vireste
Name (Printed or typed)

8010 Presidents Dr.
Address

Orlando, Florida 32809
City, State & Zip

407-350-7554
Daytime Telephone number

gaviotaagrisupply@hotmail.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: Our Lady of Fatima Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8010 Presidents Dr.
Orlando, Florida 32809

Mailing address, if different is:

FILED
16 FEB -9
PM 12:46
CLERK OF SUPERIOR COURT
JULIA W. WISE, CLERK
ORLANDO, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this non-profit foundation is to engage in activities of service to help organizations which are certified as a 501(c)(3) organization. We will assist other Religious Organizations whose purpose is to help families of different faiths whose goal is to provide assistance in housing, education, training, and spiritual assistance.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: All directors will be appointed by the founder and executive director.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Homero Ureste

Address:

Presidents
8010 Presidents Dr.
Orlando, Florida 32809

Name and Title: Homero Ureste

Address:

Treasurer
8010 Presidents Dr.
Orlando, Florida 32809

Name and Title: Fabiola Mejia De Ureste

Address:

Secretary
8010 Presidents Dr.
Orlando, Florida 32809

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:

Homero Ureste

Address:

8010 Presidents Dr.
Orlando, Florida 32809

ARTICLE VII INCORPORATOR

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

Name:

Homero Ureste

Address:

8010 Presidents Dr.
Orlando, Florida, 32809

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

Homero Ureste

Required Signature of Registered Agent

Feb 8 / 2016

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.

Homero Ureste

Required Signature of Incorporator

Feb 8 - 2016

Date