Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:					•	
70.	Division of C	Corporations				
		; (850)617-6381				
From:						
	Account Name	: LAZARUS CORPORAT	E FILING SERV	/ICE, INC	, 	
		r : I2000000019		•		
	Phone	: (305)552-5973	•			
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$78.75

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

ARTICLE I	NAME	11. Inc		
	orporation shall be: Florida Job Counc	" 1110		
<u>ARTICLE II</u>	PRINCIPAL OFFICE			
	Principal street address:		Mailing address, if diff	erent is:
1 Gn	ove Isle #1605		<u>same</u>	<u>as</u>
Coc	onut Groye, FL 33133		Principal	
ARTICLE III	PURPOSE	 -		
The purpose for \	which the corporation is organized is:	ne organization is	organized exclusively for	charitable,
religious, educ	ational, or scientific purposes under S	ection 501(c)(3)	of the Internal Revenue C	ode, or
corresponding	section of any future federal tax code	1.		
Upon dissolu	ition of this organization, assets shall i	be distributed for	one or more exempt purp	oses
within the mea	ning of Section 501(c)(3) of the intern	al Revenue Code	e, or corresponding section	n of
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
any future fede	eral tax code, or shall be distributed to	the lederal gove	rnment, or to a state or lo	
government, f	or a public purpose.			17 19 17 1
ARTICLE IV	MANNER OF ELECTION The m	аплег in which the	directors are elected and appo	
shall be elected	by the majority vote of the existing bo	pard of directors.		
				
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS		중을 3
Name and Title:	Jaime Suchlicki: President/Director	_ Name and Title:	Pedro Roig: Secretary/D	irector
Address _	1 Grove Isle #1605	Address:	636 Navarre Ave	
_	Coconut Grove, FL 33133		Coral Gebles, FL 33134	1
- Name and Title:_	Jose Azel: Treasurer/Director	_ Name and Title:		
Address	601 NE 36 St #1212	_ Address:		
-	Miami, FL 33137			
Name and Title:		Name and Title;		
Address _		_ Address: ,		
		-		

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PAGE 03/03

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Name and Title	: <u></u>	Name and Title	H11: 33
Addréss .		Address: SECRETARY C	FLORIDA
Name and Title:		Name and Title;	
Address		Address:	
ARTICLE VI	REGISTERED AGENT Stortda street address (P.O. Box NOT	acceptuble) of the registered agent is	:
Name:	Pedro Roig		·
Address:	636 Navaπe Ave		
	Coral Gables, FL 33136		
ARTICLE VII The pame and a	INCORPORATOR Iddress of the Incorporator is:		
Name:	Pedro Roig		
Address:	636 Navarre Ave		
	Coral Gables, FL 33136		
Having been na cerifficate, I am	imed as registered agent to accept se familiar with and accept the appoints	rvice of process for the above states tent as registered agent and agree to	l corporation at the place designated in this act in this capacity
te	dro Mara		5/24/2016
	Required Signature of Regis	stered Agent	Date
I xubmit this do to the Departme	cument and affirm that the facts stated at of State constitutes a third degree fo	i hereiu are true. I am uwure that an ilony as provided for in s:817.155, F.	ry false information submitted in a document S.
bed.			5/24/2016
	Required Signature of	Incorporator	Date