## 1116000005550

(Requestor's Name)
(Address)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100286288151

16 JUN - 1 PH 4: 13

06/02/16--01004--008 \*\*78.75

SUFFICIENCY OF FILING

STARTAGE OF STILL

JUN 02 2016 T SCHROEDER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AMIGA ISLAND	ECOLOGICAI	_	
FOUNDATION, II	NC.		
		,	
			Art of Inc. File
			LTD Partnership File  Foreign Corp. File
	,		L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	···		Fictitious Owner Search
			Vehicle Search
D. c. control l			Driving Record
Requested by: BA	6/2/16		UCC 1 or 3 File
Name	Date	Time	UCC 11 SearchUCC 11 Retrieval
Walk-In	Will Pick U	n	Courier

## **COVER LETTER**

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

AMIGA ISLA	AND ECOLOGICAL FOUNDA	TION, INC.	
SUBJECT:	(PROPOSED CORPO	RATE NAME – <u>MUST INC</u>	CLUDE SUFFIX)
Enclosed is an original a	nd one (1) copy of the Artic	eles of Incorporation and	a check for:
\$70.00	<b>\$78.75</b>	□\$78.75	<b>\$87.50</b>
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
C	Certificate of	& Certified Copy	Certified Copy
	Status		& Certificate
		ADDITIONAL CO	PV PEOURED
		ADDITIONAL CO	T REQUIRED
	HARRY K. BENDER		
FROM:	Nam	e (Printed or typed)	_
	-	(camer or Ober	
	980 N.W. NORTH RIVER DE	RIVE, SUITE 128	
		Address	_
	MIAMI, FLORIDA 33136		
		City, State & Zip	<del>-</del>
	305-648-1133		
	Daytin	ne Telephone number	_

harry@bbcpalaw.com / ivette@bbcpalaw.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)

	PRINCIPAL OFFICE				
3400	Principal <u>street</u> address: SW 27th Avenue	Mailing address, if differen	nt is:		
Unit 4	003				
Miam	i, Florida 33133				
	r which the corporation is organized is:	O PROTECT, PRESERVE AND ENHANCE CRIT		ATIO	 N
METHODS.					
			26	=	· • • • • • • • • • • • • • • • • • • •
	·		AHASS	- MOF	the major of the same of the s
ARTICLE IV	MANNER OF ELECTION The mann		As stated i	n fay-1	aws
Name and Title	GAEL GAETJENS, President	Name and Title:			
Address	3400 SW 27th Avenue	Address:			
Address	Unit 403				
Address	OIII 403				
Address	Miami, Florida 33133				
	Miami, Florida 33133	Name and Title			
Name and <sup>T</sup> itle	Miami, Florida 33133	Name and Title:			
	Miami, Florida 33133  STEPHANE GAETJENS, Sec/Treas.	Name and Title:Address:			
Name and <sup>'</sup> l'itle	Miami, Florida 33133  STEPHANE GAETJENS, Sec/Treas.  3400 SW 27th Avenue				
Name and Title	Miami, Florida 33133  e: STEPHANE GAETJENS, Sec/Treas.  3400 SW 27th Avenue  Unit 403  Miami, Florida 33133				

Name and Title:	·	Name and Title:	· · · · · · · · · · · · · · · · · · ·	
Address 📜		Address:		<del></del>
· —				
Name and Title:		Name and Title:		
Address		Address:		
<u> </u>		·		
i .	•			
APTICIEVI DE	CICTEDEN ACENT			•
	<i>GISTERED AGENT</i> da street address (P.O. Box <b>N</b> O	T acceptable) of the registered ager	nt is:	
Name:	Harry K. Bender, Es	q.		
Address:	980 N.W. North River Dr	rive, Unit 128		•
· -	Miami, Florida 3313	36		ÇQ.
:	,	<u> </u>		Ēģ <b>s</b>
ARTICLE VII IN				JUN - I
The <u>name and addre</u>	ess of the Incorporator is:			
Name:	Gael Gaetjens			
Address:	3400 SW 27th Avenu	ie, Unit 403		5 F (
	Miami, Florida 331	33		हिंसी क
ARTICLE VIII EI	FECTIVE DATE:	•		
Effective date, if oth	er than the date of filing:	. (OP ecific and cannot be more than five	TIONAL)	
after the filing.)	is usten, the date must be spe	cilic and cannot be more than, in	ve business days pi	rior or 90 dusiness a
Note: If the date ins	erted in this block does not med	et the applicable statutory filing req	quirements, this date	e will not be listed as
document's effective	date on the Department of Stat	te's records.	- 1	
Having haen named	as registered quent to accept	service of process for the above st	tutal companition a	t the niese decimate
certificate, I am fam	iliar with and accept the appoin	itment as registered agent and agre	e to act in this capa	icity
, 7	by Se		05/2	26/2016
	Required Signature of Re	gistered Agent		Date
I submit this docume	ent and affirm that the facts sta	ted herein are true. I am aware tha	at any false informa	ntion submitted in a de
io ine Department of	State constitutes a third degree	e felony as provided for in s.817.15:	5, F.S.	1. 1.
	Dominal Ci	of Incomposite	<u>06/</u>	01/2016
!	Required Signature	or incorporator	1 ,	Date
			•	
1				
		•		