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TALLAHASSEE, FLORIDA

JUN - 2016

S. GILBERT

COVER LETTER

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

SUBJECT: CENTRO DE AYUDA HISPANA, 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: SIXTO CUEVAS

Name (Printed or typed)

1235 PATHWAY DRIVE

Address

ORLANDO, FL. 32825

City, State & Zip

407-247-7783

Daytime Telephone number

CDAHISPANA@~~VAHOC.CO~~gmail.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: CENTRO DE AYUDA HISPANA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1235 PATHWAY DRIVE

ORLANDO, FL. 32825

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE COMMUNITY SUPPORT IN THE STATE OF FLORIDA,
DOMINICAN REPUBLIC, AND OTHER NATIONS WHO ARE IN NEED HELPING THEM TO FILL GOVERNMENT
FORMS AND APPLICATIONS, FILLING FEDERAL TAX RETURNS, NOTARY PUBLIC, EDUCATING AND PROVIDING
WORKSHOPS TO BOTH CHILDREN AND ADULTS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ELECTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SIXTO CUEVAS/ PRESIDENT

Address: 1235 PATHWAY DRIVE
ORLANDO, FL. 32825

Name and Title: LUZ J. ARGUINZONI/VICE PRESIDI

Address: 1235 PATHWAY DRIVE
ORLANDO, FL. 32825

Name and Title: LUZ D. RIVERA/SECRETARY

Address: 5731 ST. CHARLES PRADO
ORLANDO, FL. 32822

Name and Title: JANET FILOMENO/TREASURER

Address: 2232 WOODS EDGE CIR.
ORLANDO, FL. 32817

Name and Title: PAUL VAZQUEZ/ DIRECTOR

Address: 206 JAMESTOWN DRIVE
WINTER PARK, FL. 32792

Name and Title: JAMIE VAZQUEZ/ DIRECTOR

Address: 3827 ORANGE LAKE DR.
ORLANDO, FL. 32817

Name and Title: ABDY CUEVAS/DIRECTOR Name and Title: _____

Address: 6594 S. GOLDENROD RD. Address: _____

UNIT A _____

ORLANDO, FL. 32822 _____

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: LUZ J. ARGUINZONI

Address: 1235 PATHWAY DRIVE

ORLANDO, FL. 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SIXTO CUEVAS

Address: 1235 PATHWAY DRIVE

ORLANDO, FL. 32825

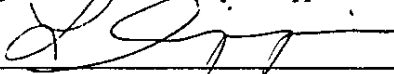
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature of Registered Agent

06/03/2016

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.



Required Signature of Incorporator

06/03/2016

Date