

N16000007040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

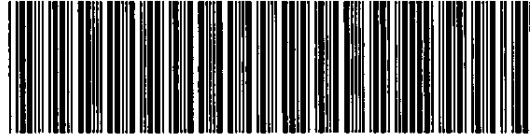
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-44307

Office Use Only



700286690867

06/14/16--01016--012 **87.50

FILED
16 JUL 18 AM 7:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: VERA CRUZ CAPEVERDEAN COMMUNITY CENTER (VCCCC) 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: Peter Vieira

Name (Printed or typed)

1825 Wimbledon Street

Address

Kissimmee, FL 34743

City, State & Zip

321-520-0282

Daytime Telephone number

pctervicira983@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2016

PETER VIEIRA ***2ND ML
1026 PLAZA DRIVE
KISSIMMEE, FL 34743

SUBJECT: VERA CRUZ CAPEVERDEAN COMMUNITY CENTER (VCCCC)
INC.

Ref. Number: W16000044307

We have received your document for VERA CRUZ CAPEVERDEAN COMMUNITY CENTER (VCCCC) INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 416A00013053

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

ARTICLE I NAME, VERA CRUZ CAPEVERDEAN COMMUNITY CENTER INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: _____ 1026 Plaza Drive _____ Kissimmee, FL 34743 _____ _____	Mailing address, if different is: _____ _____ _____ _____
---	---

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist the members of the CapeVerdean community in coming together
and share their wonderful culture. We will provide this facility to promote cultural awareness, educate members and help enhance
awareness about available resources, for all CapeVerdeans in Central Florida and beyond.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by voting,
members VOTE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Peter Vieira, President</u> _____ Address: <u>1825 Wimbleton Street</u> _____ <u>Kissimmee, FL 34744</u> _____ _____	Name and Title: _____ _____ Address: _____ _____ _____ _____
Name and Title: <u>Jaime T Delgado, Vice President</u> _____ Address: <u>2129 RJ Circle</u> _____ <u>Kissimmee, FL 34744</u> _____ _____	Name and Title: _____ _____ Address: _____ _____ _____ _____
Name and Title: <u>Miguel Almeida, TREASURE</u> _____ Address: <u>2299 East Irlo Bronson Memorial</u> _____ <u>Highway Appt. 511</u> _____ <u>Kissimmee, FL 34744</u> _____	Name and Title: _____ _____ Address: _____ _____ _____ _____

FILED
16 JUL 18 AM 7:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED

16 JUL 18 AM 7:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Peter Vieira
Address: 1825 Wimbleton Street
Kissimmee, FL 34743

ARTICLE VII INCORPORATOR

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

Name: Vera Cruz Capeverdean Community Center
Address: 1026 Plaza Drive
Kissimmee, FL 34743

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

Peter Vieira
Required Signature of Registered Agent

6-6-16
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.

Peter Vieira
Required Signature of Incorporator

6-6-16
Date