

N1600000 7888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

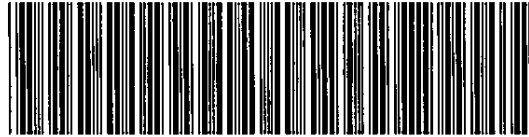
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700288636487

08/04/16--01008--024 **78.75

FILED
2016 AUG -4 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FESTIVAL DE LAS FLORES, FLORIDA 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: FERNANDO POU & MAXIMO GONZALEZ
Name (Printed or typed)

4942 SIMMONS RD.
Address

ORLANDO FL. 32812
City, State & Zip

407-924-5902
Daytime Telephone number

allfinancial13@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: FESTIVAL DE LAS FLORES , FLORIDA Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4942 SIMMONS RD. ORLANDO FLORIDA 32812

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR THE PURPOSE OF ORGANIZING EVENTS TO HELP
CHILDRENS AND SINGLE MOTHERS.

TO ORGINISE CULTURAL EVENTS FOR THE HISPANIC COMMUNITY

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAXIMO "ALEX" GONZALEZ / PRESI Name and Title: _____

Address 4942 SIMMONS RD. ORLANDO FLORII Address: _____

Name and Title: FERNANDO POU / VP - TRASSURER Name and Title: _____

Address 4543 SEAFARER WAY. ORLANDO Address: _____

FL. 32817

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2016 AUG -4 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: MAXIMO GONZALEZ
Address: 4942 SIMMONS DR.
ORLANDO FL. 32817

2016 AUG -4 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: FERNANDO POU
Address: 4543 SEAFARER WAY
ORLANDO FL. 32817

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: AUG. 1ST 2016 (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

08/01/16

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.

Required Signature of Incorporator

08/01/16

Date