N16000003038

Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H16000202809 3)))

H16000202809 3ABC

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

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
16 AUG 16 PM 4:50
[illegible]

FLORIDA PROFIT/NON PROFIT CORPORATION
FUNDACION PROMESA INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

FILED
16 AUG 16 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

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

H16000202809

ARTICLE I NAME

The name of the corporation shall be: Fundacion Promesa Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
17719 Grey Eagle Rd	
Tampa, FL 33647	Same as Principal

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Support activities for Spanish-speaking people with cancer or cancer survivors and their families or caregivers in the counties of Hillsborough, Pasco, Pinellas, Polk, Sarasota, Hernando, Manatee

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

By the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anna E. Rodriguez/President	Name and Title: Gloria E. Diaz/VP
Address: 17719 Grey Eagle Rd	Address: 2901 W. Cleveland St, Apt#1
Tampa, FL 33647	Tampa, FL 33609
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

FILED
16 AUG 16 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000202809

H16000202809

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

16 AUG 16 AM 10:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Anna E. Rodriguez

Address: 17719 Grey Eagle Rd

Tampa, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anna E. Rodriguez

Address: 17719 Grey Eagle Rd

Tampa, FL 33647

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 — Date: 8-7-16

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 — Date: 8-7-16

H16000202809