

N16000008565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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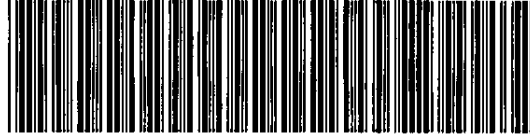
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 23 PM 3:09

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COVER LETTER

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

SUBJECT: Calvary Community Services, 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: Aida Fuentes

Name (Printed or typed)

19622 Midway Blvd

Address

Port Charlotte, FL 33948

City, State & Zip

941-391-6433

Daytime Telephone number

aida.fuentes@elcalvario.cc

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: Calvary Community Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
24038 Harbor View Road

Port Charlotte, FL 33980

Mailing address, if different is:

Same

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our Purpose is to Connect members of the Non-English Speaking and other e
communities with public and private resources and services to improve their habilities, to find better jobs and to improve their educati
To educate about laws and ordinances, and to help the hispanic community to adjust to cultural and gubernamental changes. To help
built a community of well informed, reliable, and hard working citizens. To create a One-Stop information center where they can find
resources in our city and adyacent communities as well.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rev. Aida Fuentes - Chairman

Address: 19622 Midway Blvd
Port Charlotte, FL 33948

Name and Title: Teresa Arce - Director

Address: 3706 Bradway Ave. #2
Fort Myers, FL 33991

Name and Title: Carlos A. Morales - Administrator

Address: 24038 Harbor View Road
Port Charlotte, FL 33980

Name and Title: Peter Garcia - Director

Address: 5412 Belrose St.
Lehigh Acres, FL 33971

Name and Title: Adriana Arce - Director

Address: 3706 Broadway Blvd #2
Fort Myers, FL 33991

Name and Title: Reuel Rivera - Director

Address: 1250 Desmond St
Port Charlotte, FL 33952-2810

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: Aida Fuentes
Address: 19622 Midway Blvd
Port Charlotte, FL 33948

ARTICLE VII INCORPORATOR

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

Name: Aida Fuentes
Address: 19622 Midway Blvd
Port Charlotte, FL 33948

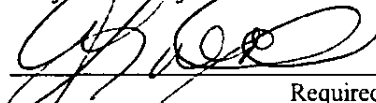
ARTICLE VIII EFFECTIVE DATE: 08/15/2016

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.)

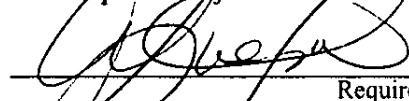
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Aida Fuentes
Required Signature of Registered Agent

08/15/2016
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.

 Aida Fuentes
Required Signature of Incorporator

08/15/2016
Date

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