

N/6000009837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

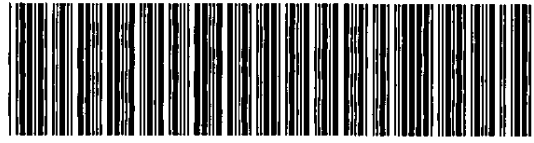
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 OCT -6 AM 9:16

EFFECTIVE DATE 10/01/16

W16-066716

10/02/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2016

NATHALIE MANZANO
1035 N. MIAMI AVE., STE. 406
MIAMI, FL 33136

SUBJECT: MIAMI SCIENCE BARGE INC.
Ref. Number: W16000066716

We have received your document for MIAMI SCIENCE BARGE 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):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 316A00020816

COVER LETTER

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

SUBJECT: Miami Science Barge 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: Nathalie Manzano

Name (Printed or typed)

1035 North Miami Avenue, Suite 406

Address

Miami, FL, 33136

City, State & Zip

305-450-0088

Daytime Telephone number

gabriela@cappsci.org

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: Miami ScienceBarge, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>1035 North Miami Avenue, Suite 406</u>	
<u>Miami, FL 33136</u>	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To advance public education and scientific research related to environmental sustainability and the natural sciences. Notwithstanding any other provision in this instrument, the company will not substantially further any purpose other than those described in IRC 501(c)3.

In the event of dissolution, assets will be distributed to an entity with a similar mission or purpose identical to those of this organization or to a government entity exclusively for a public purpose.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

Please see bylaws for details on election of board members. New members will be voted on by a majority of the standing board. Terms will last a specified number of years dictated by the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Nathalie Manzano, Executive Director</u>	Name and Title: <u>Andrew Pompa, Director</u>
Address: <u>1035 North Miami Avenue</u>	Address: <u>1035 North Miami Avenue</u>
<u>Suite 406</u>	<u>Suite 406</u>
<u>Miami, FL 33136</u>	<u>Miami, FL 33136</u>
Name and Title: <u>Gabriel Montoya, Director</u>	Name and Title: <u>Charles Porter, Director</u>
Address: <u>1035 North Miami Avenue</u>	Address: <u>1035 North Miami Avenue</u>
<u>Suite 406</u>	<u>Suite 406</u>
<u>Miami, FL 33136</u>	<u>Miami, FL 33136</u>
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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: Gabriela Barrocas
 Address: 1035 North Miami Avenue, Suite 406
Miami, FL 33136

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nathalie Manzano
 Address: 1035 North Miami Avenue Suite 406
Miami, FL, 33136

ARTICLE VIII EFFECTIVE DATE: 10/1/2016

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

Gabriela Barrocas
 Required Signature of Registered Agent

9/30/16
 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.

Nathalie Manzano
 Required Signature of Incorporator

9/30/16
 Date

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