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10/17/16

COVER LETTER

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

SUBJECT: HISPANIC AMERICAN ALIANZA, 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: NOELIA DIAZ
Name (Printed or typed)

734 MACKENZIE CIR
Address

ST. AUGUSTINE, FL 32092
City, State & Zip

352-281-3771
Daytime Telephone number

ADMIN@HAALIANZA.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: HISPANIC AMERICAN ALIANZA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
734 MACKENZIE CIRCLE

ST. AUGUSTINE, FL. 32092

Mailing address, if different is:
C/O N.DIAZ

734 MACKENZIE CIRCLE

ST.AUGUSTINE, FL. 32092

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ST. JOHNS
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO FACILITATE COMMUNICATIONS BETWEEN HISPANIC
ORGANIZATIONS ,BUSINESSES, AND INDIVIDUALS AS WELL AS THEIR INTERACTION WITH ALL CITY, STATE,
AND FEDERAL GOVERNMENTS IN AN ENDEAVOR TO ASSIST AND HELP SECURE, FOR HISPANICS, AN
AN EFFECTIVE EDUCATION AS WELL AS ECONOMIC, POLITICAL AND JUDICIAL EQUITY

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JOSE A. COLON</u>	Name and Title:	<u>HECTOR DEJESUS</u>
Address	<u>PRESIDENT</u>	Address:	<u>VICE PRESIDENT</u>
	<u>630 WEST POPE ROAD #21</u>		<u>734 MACKENZIE CIRCLE</u>
	<u>ST.AUGUSTINE , FL.32080</u>		<u>ST. AUGUSTINE , FL. 32092</u>
Name and Title:	<u>ADRIANNA WATKINS</u>	Name and Title:	<u></u>
Address	<u>TREASURER</u>	Address:	<u></u>
	<u>1605 CHESTERFIELD COURT</u>		<u></u>
	<u>WOODSTOCK, GA. 30189</u>		<u></u>
Name and Title:	<u>NOELIA DIAZ</u>	Name and Title:	<u></u>
Address	<u>SECRETARY</u>	Address:	<u></u>
	<u>734 MACKENZIE CIRCLE</u>		<u></u>
	<u>ST.AUGUSTINE, FL 32092</u>		<u></u>

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: NOELIA DIAZ
Address: 734 MACKENZIE CIR
ST. AUGUSTINE, FL 32092

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE A. COLON
Address: 630 WEST POPE RD #21
ST. AUGUSTINE, FL 32080

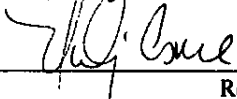
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature of Registered Agent

10/12/2016
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.


Required Signature of Incorporator

10/12/2016
Date