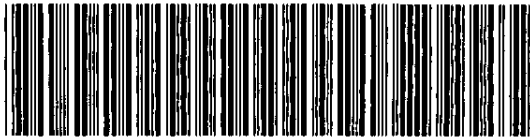


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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N. SAMS  
OCT 26 2016

2016 OCT 24 PM 12:42  
MILLAN/ACSRP/1101M

**COVER LETTER**

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

**SUBJECT:** CENTRO CULTURAL FRANCISCO HENRIQUEZ 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:** CENTRO CULTURAL FRANCISCO HENRIQUEZ INC  
Name (Printed or typed)

130 N W 189th ST  
Address

MIAMI GARDENS, FL. 33169  
City, State & Zip

305 652 0584 CELL. 786 375 1851  
Daytime Telephone number

thenriquez1@bellsouth.net  
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: CENTRO CULTURAL FRANCISCO HENRIQUEZ INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

130 N W 189th ST

MIAMI GARDENS, FL. 33169

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROMOTE CULTURE AROUND DE WORLD AMONG POETS, MUSICIAN AND OTHER ARTS

**ARTICLE IV MANNER OF ELECTION**

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

2016 OCT 24 PM 12:42  
SECRETARY  
FRANCISCO HENRIQUEZ

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: FRANCISCO HENRIQUEZ, Pres/ treaus. Name and Title: \_\_\_\_\_

Address: 130 N W 189 ST Address: \_\_\_\_\_  
MIAMI GARDENS, FL 33169

Name and Title: RAUL TAPANES, Secretary Name and Title: \_\_\_\_\_

Address: 740 Sultan Ave Address: \_\_\_\_\_  
OPA LOCKA, FL. 33054

Name and Title: IVONNE MARTIN, Public relations Name and Title: \_\_\_\_\_

Address: 1026 S W 2 AVE. # 801 Address: \_\_\_\_\_  
MIAMI, FL. 33130

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: FRANCISCO HENRIQUEZ,  
 Address: 130 N W 189th ST  
MIAMI GARDENS, FL. 33169

2016 OCT 24 PM 12:42  
 STATE OF FLORIDA  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAUL TAPANES  
 Address: 740 SULTAN AVE  
OPA LOCKA, FL. 33055

**ARTICLE VIII EFFECTIVE DATE:** DATE OF FILING (OPTIONAL)

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 10/17/2016  
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 10/17/2016  
Date