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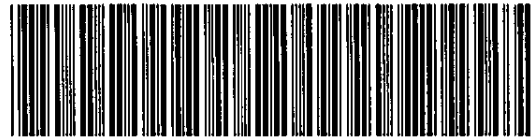
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

17 JAN -3 PM 1:28

December 20, 2016

ARAMIS LOPEZ, SR  
8902 N.W. 189TH TERRACE  
MIAMI, FL 33018

SUBJECT: MUNICIPIO DE MORON, CORP.  
Ref. Number: W16000084845

We have received your document for MUNICIPIO DE MORON, CORP. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 316A00027026

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** MUNICIPIO DE MORON, CORP.

(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:** ARAMIS LOPEZ.SR

Name (Printed or typed)

8902 N.W. 189 TH TERRACE

Address

MIAMI FL. 33018

City, State & Zip

305-8293209

Daytime Telephone number

aramissr@comcast.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: MUNICIPIO DE MORON, CORP.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

8902 NW 189 TERRACE

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MUNICIPAL, NOT FOR PROFIT CORP.

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TALLAHASSEE, FLORIDA

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

be elected by the majority of members each year in January

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BLANCO, NORMA PD

Address: 111041 S, W, 59 TERRACE  
MIAMI, FL, 33173

Name and Title: LOPEZ, ARAMIS..SR VPD

Address: 8902 NW 189TH TERRACE  
MIAMI FL 33018

Name and Title: OTERO, LAZARA SD

Address: 2142 NW 34TH STREET  
MIAMI, FL 33142

Name and Title: CASTANEDA, OSCAR VSD

Address: 998 W. 65TH STREET  
HIALEAH, FL 33012

Name and Title: GONZALEZ, GERARDO TD

Address: 4128 W 6TH AVENUE  
HIALEAH, FL. 33012

Name and Title: CLAVIJO, EDUARDO VTD

Address: 6061 COLLINS AVENUE APT. 9F  
MIAMI BEACH, FL 33040

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: ARAMIS LOPEZ.SR  
Address: 8902 NW 189 TERRACE  
MIAMI, FL. 33018

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ARAMIS LOPEZ.SR  
Address: 8902 NW 189 TERRACE  
MIAMI, FL.33018

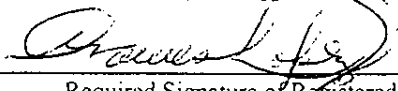
**ARTICLE VIII EFFECTIVE DATE:** 01-01-2017

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 days prior or 90 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:*

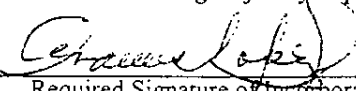


Required Signature of Registered Agent

12-12-2016

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

12-12-2016

Date