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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

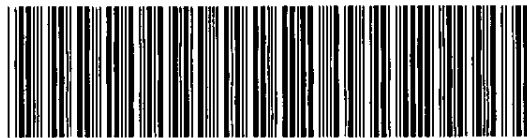
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17 MAR 13 PM 4:41  
SEAL OF THE STATE  
TALLAHASSEE FLORIDA

Mar 3 11/17

## COVER LETTER

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

**SUBJECT:** ASOCIACION DE MUJERES CHILENAS DEL ESTADO DE LA FLORIDA-SEDE TAMPA  
(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:** MARIA P. GALLO  
\_\_\_\_\_  
Name (Printed or typed)

16104 CADBURY COURT  
\_\_\_\_\_  
Address

TAMPA, FLORIDA 33647  
\_\_\_\_\_  
City, State & Zip

(908) 251-4887  
\_\_\_\_\_  
Daytime Telephone number

PEHUEN1932@HOTMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2017

MARIA P. GALLO  
16104 CADBURY COURT  
TAMPA, FL 33647

SUBJECT: ASOCIACION DE MUJERES CHILENAS DEL ESTADO DE LA  
FLORIDA-SEDE TAMPA  
Ref. Number: W17000016677

We have received your document for ASOCIACION DE MUJERES CHILENAS DEL ESTADO DE LA FLORIDA-SEDE TAMPA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the complete the Name in Article I.

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.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 317A00003740

RECEIVED  
17 MAR 13 PM 3:57  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: ASOCIACION DE MUJERES CHILENAS DEL ESTADO DE LA FLORIDA-SEDE TAMPA, CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
16104 CADBURY COURT

TAMPA, FLORIDA 33647

Mailing address, if different is:  
P.O. BOX 46754

TAMPA, FLORIDA 33646

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE HELP AND ASSISTANCE TO INDIVIDUALS WHO  
HAVE SPECIFIC NEEDS IN OUR COMMUNITY.

17 MAR 13 PM 4:41  
CLERK OF DISTRICT COURT  
HALL COUNTY FLORIDA

**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: MARIA P. GALLO-PRESIDENT

Address: 16104 CADBURY COURT  
TAMPA, FLORIDA 33647

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: MARIA P. GALLO-PRESIDENT  
Address: 16104 CADBURY COURT  
TAMPA, FLORIDA 33647

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA P. GALLO-PRESIDENT  
Address: 16104 CADBURY COURT  
TAMPA, FLORIDA 33647

17 MAR 13 PM 4:41  
DEPT. OF STATE  
TALLAHASSEE FLORIDA

**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 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*

Maria P. Gallo

Required Signature of Registered Agent

02/21/2017  
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.*

Maria P. Gallo

Required Signature of Incorporator

02/21/2017  
Date