N1700006161

(Requestor's Name)					
(Address)	_				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
· —	_				
Special Instructions to Filing Officer:					
·					

Office Use Only



000298973940

06/07/17--01008--014 **87.50

17 JUN -7 AH 9: 40

D O'KEEFE JUN 12 2017

COVER LETTER

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

SUBJECT: FLV LOGIA VICENTE MENDEZ #345 /n C.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one (1) copy of the Ar	ticles 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 CO	NAL COPY REQUIRED	

FROM: JUAN R. GONZA F2

Name (Printed or typed)

1781 NU/ 16 TERRA QE

Address

MIN MI Flon! SA 33/25

City, State & Zip

305 409 30 98

Daytime Telephone number

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: FLULOGIA	VICENTE MENDEZ #345
ARTICLE II PRINCIPAL OFFICE	
Principal street address:	Mailing address, if different is:
124 MW 15 AVE.	
MIAMI FL. 33125	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: For F.	RATERNA GETIVITIES
and To Provide HELP To 7	
IN Fromomie + Hoplih Dist	—
ChariTable MSTITUTIONS /2)	THE GREA =
	,727 2
	<u> </u>
MEMber GRE G/FETE To The	FEXERUTIVE POSTS
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
FELIX R MEDINA	
Name and Title: PRESIDENT. Name an	
Address 511 S. Royal Pomers Address:	1011 NW 32 PLACE
MINMI SPRINES	Minni FL 33125
Florida 33166	
Name and Title: VIEE PRESIDENT Name an	d Title: Francisco Polneios Din.
Address 231 SW 54 AVE. Address:	6048 W 14 AVE
MIAMI EL 33134-1143	HINLERY, FL 33012
Name and Title: Turn R. Gonza / 12 / See . Name an	d Title: Beniro Gonzalez Dir.
Address 1781 NW 16 TERR. Address:	
MIAMI, FL. 33125	MIAMI FL 33177

Name and Title:		Name and Title:	
Address		Address:	
Name and Title		No Tisk-	
		Name and Title:	
Address		Address:	
ARTICLE VI REGIS		ceptable) of the registered agent is:	
	IAH R. GONZA		
Address: 17	181 NW 16 TER Domni FL 33 12	PRACE	
(<u>)//</u>	1mm1 TL 3512	<u> </u>	1.15
ARTICLE VII INCOR	RPORATOR		THE CONTRACT OF THE CONTRACT O
The name and address of			
Name:a	Luis R. VAZQU	1-2	2013 - 102 2013 - 102
Address: LC	211 nw 32 8/		
T.	MIAMI FL 33	3125	9. 9. 3. 9. 0
ARTICLE VIII EFFECTION Effective date, if other the (If an effective date is list)	CTIVE DATE: an the date of filing:	2 02 8 2017 (OPTIONAL) and cannot be more than five days prior or 90 d	ays after the filing.)
	d in this block does not meet the e on the Department of State's re	applicable statutory filing requirements, this date vecords.	vill not be listed as the
certificate, I am familiar		ee of process for the above stated corporation at the tas registered agent and agree to act in this capacity.	
1	Required Signature of Registere	ed Agent	Date
		erein are true. I am aware that any false information ny as provided for in s.817.155, F.S.	on submitted in a document
	Required Signature of Inco		2/17 Date
	0.	•	

ا الج