

N170000076502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

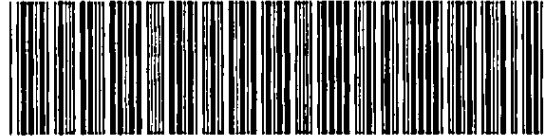
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUL 24 AM 10:22
STATE
FLORIDA

07/25/17

COVER LETTER

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

SUBJECT: JUEGOS PATRIOS DOMINICANOS OF FLORIDA

(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: Matthew & Estrella

Name (Printed or typed)

1399 NW 17TH AVE

Address

MIAMI FL 33125

City, State & Zip

786 488 1157

Daytime Telephone number

TENARES @INBOX.COM

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: JUEGOS PATRIOS DOMINICANOS OF FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1038 BRICKEL AVE

MIAMI FL 33131

Mailing address, if different is:
1399 NW 17th Ave #308

Miami FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROMOTE THE CONTINUE GROWTH AND DEVELOPMENTH OF T

SPORT COMMUNITY THE EMPOWERMENT OF PEOPLE . TO CELEBRATE CULTURE, SPORT ACTIVITIES A
COMMUNITIES THAT FOSTER SUSTAINABILITY IDEENTITY AND INTERCHANGE OF IDEAS

2) Juegos Patrios Of Florida Inc. is organized exclusively for charitable, educational , sports activities and events purposes, the makin
of distributions that qualify as exampt organizations under 501(c) (3) of the Internal Revenue Code, or the corresponding section of th
section of any future federal tax code (3) to conduct all services strenghtening families, exposure and integretion of multi -cultural
form of sportmenship.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>BERNARDINO MARTINEZ (p)</u>	Name and Title:	<u>AMAURY RIOS -DIRECTOR</u>
Address	<u>1351 NW 336 St</u>	Address:	<u>12209SW 14 LANE</u>
	<u>Miami Fl 33142</u>		<u>MIAMI FL 33184</u>
Name and Title:	<u>ISIDRO MADE . DIRECTOR</u>	Name and Title:	<u>MARIXA TAPIA -DIRECTOR</u>
Address	<u>3023 NW 28 ST</u>	Address:	<u>2740 WEST 76 ST</u>
	<u>MIAMI FLORIDA 33142</u>		<u>HAIALEAH FL 331016</u>
Name and Title:	<u>MAGALY MELLA-DIRECTOR</u>	Name and Title:	<u>HUGO CABRERA-VICE PRESIDENT</u>
Address	<u>14387 SW 45 TERRACE</u>	Address:	<u>1131 NORTH EAST 202 ST</u>
	<u>MIAMI FL 33179</u>		<u>MIAMI FL 33179</u>

Name and Title: Enrique Sarubi-director

Address: 274 nw. 86 place
miami fk 33126

Name and Title: JOHNNY MATTHEW-secretary

Address: 12350 NW 7 trial
Miami Fl 33182

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: BERNARDINO MARTINEZ

Address: 1351 NW 36ST
MIAMI FL 33142

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BERNARDINO MARTINEZ

Address: 1351 NW 36 ST
MIAMI FL 33142

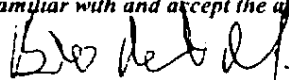
ARTICLE VIII EFFECTIVE DATE:

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.

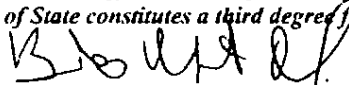
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

07-18-2017
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.



Required Signature of Incorporator

07-18-2017
Date

17 JUL 24 AM 10:22
STATE OF FLORIDA