

N17000008560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

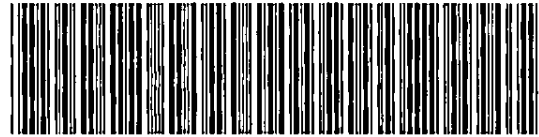
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100302549151

08/17/17--01021--005 \*\*70.00

FILED  
17 AUG 17 AM 10:28  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

08/18/17

## COVER LETTER

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

**SUBJECT:** Colibri Family Center, 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:** Felix G. Montanez, Esq.  
\_\_\_\_\_  
Name (Printed or typed)

4511 N. Himes Avenue, Suite 200  
\_\_\_\_\_  
Address

Tampa, FL 33614  
\_\_\_\_\_  
City, State & Zip

813-816-2827  
\_\_\_\_\_  
Daytime Telephone number

andrea@cdscontractors.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

17 AUG 17 AM 10:28  
SEP 11 10:11 AM  
FALL ALABAMA 1 FLORIDA

## **Articles of Incorporation**

In compliance with Chapter 617, F.S., (Not for Profit)

### **Article I. Name**

The name of the Corporation shall be "Colibri Family Center, Inc." (hereinafter referred to as "Corporation").

### **Article II. Principal Office & Mailing Address**

The principal office and mailing address of the Corporation shall be 7436 Narcoossee Rd., Orlando, FL 32822.

### **Article III. Purpose**

The organization is organized exclusively for charitable and educational purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

### **Article IV. Manner of Election**

The manner in which directors are elected or appointed is as provided in the bylaws of the corporation.

### **Article V. Initial Officers and Directors**

At the initiation of this corporation, Paola A. Sáenz and Steve Murphy shall be directors on the Board of Directors of this corporation.

At the initiation of this corporation, Paola A. Sáenz shall simultaneously hold the corporate offices of President, Vice President, Secretary, and Treasurer of this corporation. The directors and officers of the Corporation may be changed in accordance with the methods and qualifications specified in the bylaws of the Corporation. The address of both directors of this corporation is 7436 Narcoossee Rd., Orlando, FL 32822.

### **Article VI. Registered Agent and Office**

The corporation's initial registered agent shall be Paola A. Sáenz, 7436 Narcoossee Rd., Orlando, FL 32822. The corporation may change its registered office or its registered agent or both by filing with the Department of State of the State of Florida a statement complying with Section 607.0502, Florida Statutes.

### **Article VII. Incorporators**

The name and address of the incorporator of this corporation is as follows:

<u>Name</u>	<u>Address</u>
Felix G. Montanez, Esq.	4511 N. Himes Avenue, Suite 200, Tampa, Florida 33614

#### **Article VIII. Effective Date**

The effective date of this corporation shall be as of the date of filing.


#### **Article IX. Dissolution**

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of an future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

#### **Acceptance by Registered Agent**

Having been appointed the Registered Agent of Colibri Family Center, Inc., and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity.

Dated this 07 day of August, 2017.

By:   
Paola A. Sáenz (Registered Agent)  
7436 Narcoossee Rd.  
Orlando, FL 32822

**Statement by Incorporator**

I submit this document and affirm that the facts stated herein are true. I am aware that any false information to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Dated this 15th day of August, 2017.  
Felix G. Montanez  
Felix G. Montanez, Esq. (Incorporator)

17 AUG 17 AM 10:28  
STATE  
TALLAHASSEE, FLORIDA