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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

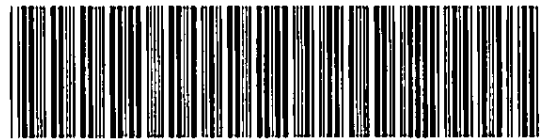
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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17 AUG 22 AM 8:33  
TALLAHASSEE, FLORIDA

W17-065023

08/23/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2017

ALVARO ACEVEDO  
1395 BRICKELL AVE., STE. 800  
MIAMI, FL 33131

SUBJECT: LUCIANA TRIGGIANO CHILDREN'S FOUNDATION  
Ref. Number: W17000065023

We have received your document for LUCIANA TRIGGIANO CHILDREN'S FOUNDATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 217A00016210

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17 AUG 22 PM 12:22  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

## COVER LETTER

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

**SUBJECT:** Luciana Triggiano Children's Foundation 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:** Alvaro A. Acevedo

\_\_\_\_\_  
Name (Printed or typed)

1395 Brickell Ave., Suite 800

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City, State & Zip

(305)2049545

\_\_\_\_\_  
Daytime Telephone number

legal@lawyercpa.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: Luciana Triggiano Children's Foundation Corp.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
1395 Brickell Ave, Suite 800

Miami, FL 33131

United States

Mailing address, if different is:

### ARTICLE III PURPOSE

The Corporation is a non-profit organization and shall operate exclusively for  
The purpose for which the corporation is organized is: charitable purposes to help the community within the meaning of Section 501(c)(3) of the Internal Revenue Code. 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 any future federal tax code, or shall be distributed to the federal  
government, or to a state local government, or to a state or local government, for a public purpose.

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

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alvaro A. Acevedo (President)

Address: 1395 Brickell Ave., Suite 800

Miami, FL 33131

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

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

Name and Title: Ginna Paola Acevedo Rodriguez (VP)

Address: 1395 Brickell Ave., Suite 800

Miami, FL 33131

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

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

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

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

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

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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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: Acevedo & Associates, LLP  
Address: 1395 Brickell Ave, Suite 800  
Miami, FL 33131

**ARTICLE VII INCORPORATOR**

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

Name: Alvaro A. Acevedo  
Address: 1395 Brickell Ave, Suite 800  
Miami, FL 33131

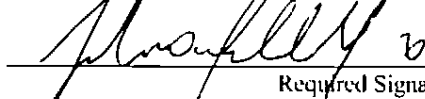
**ARTICLE VIII EFFECTIVE DATE:**

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.)

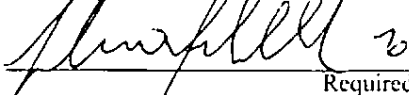
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

08/17/2017  
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

08/17/2017  
Date

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3RD FLOOR STATE  
CAPitol BUILDING  
TALLAHASSEE, FLORIDA