

N17000011523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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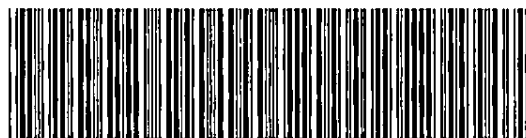
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COVER LETTER

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

SUBJECT: Federal Firefighters Benevolent Fund, 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: Americo Mendez
Name (Printed or typed)

24287 SW 114th Court
Address

Homestead, FL 33032
City, State & Zip

786-255-8998
Daytime Telephone number

ricomendez237@hotmail.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: Federal Firefighters Benevolent Fund, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
24287 SW 114th Court

Homestead, FL 33032

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote the development, implementation,
and ongoing support of programs for the health, safety, and education of
firefighters and the community through volunteerism and fundraising efforts, the
Benevolent is able to provide assistance to persons, groups, and organizations
in times of need.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As set forth
in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Americo Mendez- President

Address: 24287 SW 114th Ct.
Homestead, FL 33032

Name and Title: Alain Diaz- Treasurer

Address: 12449 Ploesti Rd.
Homestead, FL 33039

Name and Title: Larry Trejos- Secretary

Address: 12449 Ploesti Rd
Homestead, FL 33039

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Americo Mendez

Address: 24287 SW 114th Ct.

Homestead, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Americo Mendez

Address: 24287 SW 114th Ct.

Homestead, FL 33032

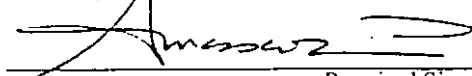
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CLERK OF DISTRICT COURT
JANUARY 16 2017

Having been named as registered agent to accept service of process for the above stated corporation at the place signated 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

11.6.17
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

11.6.17
Date