

U18000004029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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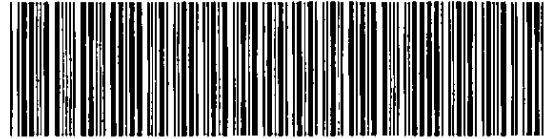
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. PAGE  
APR 11 2018

**COVER LETTER**

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

**SUBJECT:** ARCA DE LA ALIANZA 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 SANDRA MILENA DONOVAN  
Name (Printed or typed)

3417 BUCHANAN STREET  
Address

HOLLYWOOD FL 33021  
City, State & Zip

954-707-1750  
Daytime Telephone number

mlena292@gmail.com

6 months (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 ARCA DE LA ALIANZA INC.

**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

N/A

3417 BUCHANAN STREET

HOLLYWOOD FL 33021

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Area de la Alianza Inc. is organized exclusively for charitable  
purposes within the meaning of the IRS Code sec 501(c)(3), namely: To provide material, psychological, educational or spiritual  
aid to needy persons, children and families in Florida and worldwide to assist them in becoming self sufficient and in attaining  
better quality of life. Specifically, this organization will supply healthy food and all other kinds of supplies to help needy children  
grow, succeed and thrive in good health. It will carry out activities to make clean, healthy water available to needy children  
and their families, in the US and around the world. In the event of its dissolution the Directors will, after clearing all debts,  
distribute all remaining assets to other 501(c)(3) recognized charitable organizations with similar goals

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Sandra Milena Donovan Dir/Pres

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

Address: 934 Hollywood Blvd

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

Hollywood FL 33019Name and Title: Carolina Vignarelli Director

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

Address: 2050 NW 8 Ave #215

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

Pembroke Pines FL 33024Name and Title: Emma M Lopez Director

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

Address: 5826 Sterling Rd

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

Hollywood FL 33021

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TALLAHASSEE, FLORIDA

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

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

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\_\_\_\_\_

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: Sandra Milena Donovan  
Address: 934 Hollywood Blvd  
Hollywood FL 33019

**ARTICLE VII INCORPORATOR**

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

Name: Sandra Milena Donovan  
Address: 934 Hollywood Blvd  
Hollywood FL 33019

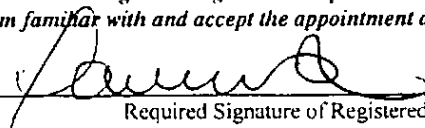
**ARTICLE VIII EFFECTIVE DATE:**

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 business days prior or 90 business days after the filing.)

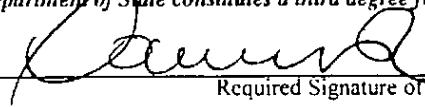
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

03/27/2018  
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

03/27/2018  
Date