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(Requestor's Name) (Address) (Address)	900314464139
(City/State/Zip/Phone #)	06/11/1801004011 ★+87.50
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COVER LETTER

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

SUBJECT: Young Tinkers Robotics Foundation - A Florida Non Profit Corporation (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

Filing Fee, Certified Copy & Certificate

M \$87.50

*

ADDITIONAL COPY REQUIRED

FROM: Esteban Rincon

Name (Printed or typed)

9137 Fontainebleau Blvd, #2 Address

Miami, FL 33172

City, State & Zip

(786) 427 - 7686

Daytime Telephone number

Youngtinkersrobotics@gmail.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)

<u>ARTICI.E I NAME</u>

,

The number of	f the corporation shall be: Young Tinkers				
<u>ARTICLE I</u>	I PRINCIPAL OFFICE				
	Principal street address:		Mailing address	s if different is:	
.9	137 Fontainebleau Blvd. #2				
<u>_N</u>	Aiami, FL 33172				
<u>ARTICI.E I</u> The purpose	III PURPOSE e for which the corporation is organized is:	To provide inner-o	ity middle-scl	hool student	s with
opportur	nities to learn about robotics, scienc	e, technology, and	l engineering a	and encoura	ge them
to pursu	e careers in those fields.				
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Name and Title:		Name and Title:	
Address		Address;	
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Manager 1 West		A.1. 1705.1	
Name and Title:		Name and Title:	
Address		Address:	
	EGISTERED AGENT		
ine name and rio	rida street address (P.O. Box NOT accept	blable) of the registered agent is:	
Name:	Esteban Rincon		
Address:	9137 Fontainebleau Blvd. #2		
	Miami, FL 33172		
	<u>VCORPORATOR</u> ress of the Incorporator is:		
Name:	Esteban Rincon		
Address:	9137 Fontainebleau Blvd. #2		
	Miami, FL 33172		
<u>ARTICLE VIII E</u>	FFECTIVE DATE:		
	her than the date of filing:	(OPTIONAL)	
(If an effective dat	e is listed, the date must be specific and	d cannot be more than five days prior o	or 90 days after the filing.)
Note: If the date in	serted in this block does not must the an	plicable statutory filing requirements, this	data will not by listed on the
	re date on the Department of State's recon		date will not be fisied as the
Having been name	d as registered agent to accent comine .	of process for the above stated corporation	on at the stress during the stress
certificate, I am fan	niliar with and accept the appointment as	y process for the above stated corporations of the state	on a une place designated in this capacity
	ERI		5/25/18
	Required Signature of Registered.	Agent	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.



5/25/18 Date

Purposed Clause

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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.

Dissolution of Assets Provision

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 or local government, for a public purpose.

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

ARTICLEI	NAME
71414 A A COLORA A	1 4 1174 4.4

The name of	the corporation shall be: Young Tinkers	Robotics Foundation - A Florida Nonprofit Corporation
ARTICLE II	PRINCIPAL OFFICE	
	Principal street address:	Mailing address, if different is:
91	37 Fontainebleau Blvd. #2	
M	liami, FL 33172	
<u> </u>		
<u>ARTICLE II</u> The purpose	IIPURPOSE for which the corporation is organized is:	o provide inner-city middle-school students with
		e, technology, and engineering and encourage them
to pursue	e careers in those fields.	
		· · · · · · · · · · · · · · · · · · ·
<u>ARTICLE II</u> <u>have bee</u>		er in which the directors are elected and appointed: Nominee must
<u>ARTICLE V</u>	<u> INITIAL OFFICERS AND/OR DIREC</u>	<u>rors</u>
Name and Ti	ile: Esteban Rincon -President	Name and Title:
Address	9137 Fontainebleau Blvd. #2	Address:
	Miami, FL 33172	
NT 199		
Name and Li	itle: Sofia Ortiz Penzol - Vice Preside	niName and Title:
Name and 11 Address		
		Address:
	240 Galen Dr Unit 210	
Address	240 Galen Dr Unit 210	Address:
Address	240 Galen Dr Unit 210 Key Biscayne, Fl 33149 itte: Ana Milena Arcila -Secretary	Address:
Address Name and Ti	240 Galen Dr Unit 210 Key Biscayne, Fl 33149 itle: Ana Milena Arcila -Secretary 9137 Fontainebleau Blvd. #2	Address:
Address Name and Ti	240 Galen Dr Unit 210 Key Biscayne, Fl 33149 itte: Ana Milena Arcila -Secretary	Address:

I

Name and Title	··	Name and Title:	
Address		Address:	
· · ·			
Name and Title	:	Name and Title:	<u> </u>
Address		Address:	
		<u> </u>	
		······································	
ARTICLE VI	REGISTEREDAGENT		
	Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:	
Name:	Esteban Rincon		
Address:	9137 Fontainebleau Blvd. #2		
	Miami, FL 33172		
	· <u>······</u> ······		
	INCORPORATOR		
	address of the Incorporator is:		
Name:	Esteban Rincon		
Address:	9137 Fontainebleau Blvd. #2	2	
	Miami, FL 33172		
	EFFECTIVE DATE:		
	if other than the date of filing:	(OPTIONAL)	r or 90 days after the filing.)
	•		
Note: If the da	te inserted in this block does not meet the ap	pplicable statutory filing requirements, th	is date will not be listed as the
document's end	extive date on the Department of State's reco	ords.	
Having been n	amed as registered agent to accept service	of process for the above stated corpora	tion at the place designated in this
certificate, I am	a familiar with and accept the appointment of	as registered agent and agree to act in th	is capacity
	ER		5/25/18
	Required Signature of Registered	I Agent	Date
l submit this do to the Departme	cument and affirm that the facts stated here ent of State constitutes a third degree felony	ein are true. I am aware that any false in as provided for in s.817.155. F.S.	formation submitted in a document
a	8 D	, <u>,</u>	
	Required Signature of Incor	rporator	5/25/18 Date

Purposed Clause

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