

2/4/2019

Division of Corporations

H19000040613

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MIAMI DADE WORKING FOR YOU, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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FEB 18 2019

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To: 12143174754 From: +Restricted Date: 02/13/19 Time: 8:02 AM Page: 01  
850-617-6381 2/13/2019 11:02:36 AM PAGE 1/001 Fax Server



February 13, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LEGALINC CORPORATE SERVICES INC

SUBJECT: MIAMI DADE WORKING FOR YOU, INC.  
REF: W19000014204

We have received your document for MIAMI DADE WORKING FOR YOU, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return 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.

Keyna E Page  
Regulatory Specialist II

FAX Aud. #: H19000040613  
Letter Number: 419A00003100

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

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**ARTICLE I NAME**

The name of the corporation shall be, MIAMI DADE WORKING FOR YOU, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2600 DOUGLAS ROAD

SUITE 800

CORAL GABLES, FL 33134

Mailing address, if different is.  
2600 DOUGLAS ROAD

SUITE 800

CORAL GABLES, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is, TO PROMOTE CIVIC AND GOVERNMENTAL POLICY EDUCATION

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed, \_\_\_\_\_  
AS STATED IN THE BYLAWS OF THE CORPORATION

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title, JOHN EGUSQUIZA, DIRECTOR Name and Title: \_\_\_\_\_

Address 9960 SW 40th Street Address: \_\_\_\_\_  
Miami, FL 33165

Name and Title, PABLO AGUILAR, DIRECTOR Name and Title: \_\_\_\_\_

Address 944 SW 82ND AVENUE Address: \_\_\_\_\_  
MIAMI, FL 33144

Name and Title, ERICK DEEB, DIRECTOR Name and Title: \_\_\_\_\_

Address 2350 CORAL WAY Address: \_\_\_\_\_  
SUITE 401  
MIAMI, FL 33145

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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: CARLOS M. TRUEBA

Address: 2600 DOUGLAS ROAD #800

CORAL GABLES, FL 33034

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN EGUSQUIZA

Address: 9960 SW 40th Street

Miami, FL 33165

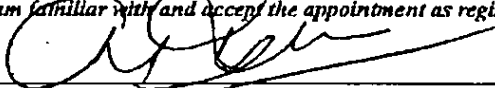
**ARTICLE VIII EFFECTIVE DATE:**

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*

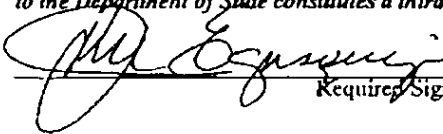


Required Signature of Registered Agent

2/01/19

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

2/01/19

Date

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