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Florida Department of State
Division of Corporations

Note: Please print this page and use it as a cover sheet. (See 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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
FEDERACION AMERICANA DE COLUMBICULTURA CORP

Certificate of Status	0
Certified Copy	1
Page Count	03

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19 MAR -6 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
MAR 07 2019

March 6, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: FEDERACION AMERICANA DE COLUMBICULTURA CORP
REF: W19000021595

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

If you have any further questions concerning your document, please call (850) 245-6050.

Laura A Wilson
OPS
Amendment Section

FAX Aud. #: H19000075144
Letter Number: 919A00004574

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: FEDERACION AMERICANA DE COLUMBICULTURA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:
10400 NW 35 PL
MIAMI, FL 33147

Mailing address, if different is:
10400 NW 35 PL
MIAMI, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ORGANIZATION FOR THE PROTECTION OF SPECIES OF BIRDS

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BY VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAUL PORRAS
Address: PRESIDENT
10400 NW 35 PL
MIAMI, FL 33147

Name and Title: MANUEL GONZALEZ
Address: VIC-PRESIDENT
10400 NW 35 PL
MIAMI, FL 33147

Name and Title: MARIO CHANETON
Address: SECRETARY
10400 NW 35 PL
MIAMI , FL 33147

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

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: RAUL PORRAS

Address: 10400 NW 35 PL

MIAMI, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAUL PORRAS

Address: 10400 NW 35 PL

MIAMI, FL 33147

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/05/2019 _ _ _ (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

X _____ 03/05/2019

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.

_____ 03/06/2019

Required Signature of Incorporator Date

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