

N19000006065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

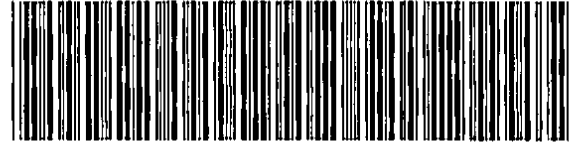
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05/29/19--01011--004 \*\*78.75

19 MAY 29 AM 11:42  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

## COVER LETTER

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

SUBJECT: College Charity Cars 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: Marcolino Lopes  
\_\_\_\_\_  
Name (Printed or typed)

441 Sun Lake Circle Apt 313  
\_\_\_\_\_  
Address

Lake Mary FL 32746  
\_\_\_\_\_  
City, State & Zip

4048958658  
\_\_\_\_\_  
Daytime Telephone number

marcoisdal@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)

### ARTICLE I NAME

College Charity Cars Inc

The name of the corporation shall be: \_\_\_\_\_

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
7025 County Rd #46A

Mailing address, if different is:

Ste 1071-412

Lake Mary FL 32746

### ARTICLE III PURPOSE

Our mission will be to help needing individuals in families by providing them

The purpose for which the corporation is organized is: \_\_\_\_\_

with a reliable car. The car will help them get to jobs, school, etc. We also plan to assist college students in reduction in student loan

debt. Our organization will seek to work together with current and existing college students. The partnership program will educate

college students on options for debt reduction.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: \_\_\_\_\_

Meeting and vote

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcolino Lopes -President

Name and Title: Adrienne Lee- Vice President

Address: 441 Sun Lake Circle Apt 313

Address: 441 Sun Lake Circle Apt 313

Lake Mary FL 32746

Lake Mary FL 32746

Name and Title: Christina Ayres- Secretary

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

Address: 271 North Revere Cove

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

Tega Cay SC 29708

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

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

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

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

19 MAY 29 AM 11:43

SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

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:

Vita Business Holdings Corp

Name: \_\_\_\_\_

7025 County Rd #46A Ste 1071-412

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

Lake Mary Fl 32746

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Marcolino Lopes

Name: \_\_\_\_\_

441 Sun Lake Circle Apt 313

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

Lake Mary FL 32746

\_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:** 05/23/2019

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*

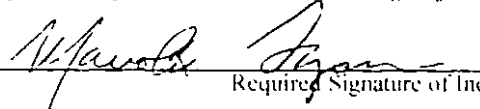


Required Signature of Registered Agent

05/23/2019

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 §817.155, F.S.*



Required Signature of Incorporator

05/23/2019

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
19 MAY 29 AM 11:43