N 20000003250

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| (OK) Sate Zipi Holie ny | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| (Social Manual) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



400341174384

08/02/20--01021--007 **70.00

COVER LETTER

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

SUBJECT: The Migrant Edge Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

S70.00 Filing Fee

☐ \$78.75

Filing Fee & Certificate of

Status

□\$78.75

3/8.75

□ \$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Fernando Aguilar

Name (Printed or typed)

15020 SW 136 St.

Address

Miami, FL 33196

City, State & Zip

786-417-1199

Daytime Telephone number

Fernando3891@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 The name of the | NAME The Migrant E | Edge Inc | |
|---------------------------|---|--|--------------------|
| ARTICLE II | PRINCIPAL OFFICE | | |
| 1502 | Principal <u>street</u> address: 20 SW 136 St. | Mailing address, if different is: | |
| Mia | mi, FL 33196 | | |
| | | | |
| ARTICLE III | The | Migrant Edge Inc is founded for charitable purposes within | the meaning of the |
| | r which the corporation is organized is: | nilies, teens and children in the state of FL and else | |
| ———— mentor-ship pi | rogram that pairs migrants with successful | entrepreneurs to provide training, guidance and a po- | sitive perspective |
| It will assist me | entees in opening businesses, finding empk | byment and using community resources to improve the | mselves and their |
| families.It will | carry out any action which in the view of the | e directors advances the well being of migrants . It wil | I raise awareness |
| in the general | community about issues faced by migrar | nts and develop strategies to assist. In the event of i | ts dissolution the |
| directors will d | istribute all remaining assets to other organ | izations which are recognized by the IRS as 501c3 tax | exempt charities |
| ARTICLE IV | MANNED OF ELECTION The my | nner in which the directors are elected and appointed: | Nomination |
| | sident and election by majority of | | |
| ARTICLE V | | | |
| Name and Title Address | Aguilar, Fernando Dir / Pres. | Name and Title: | |
| | | Address: | _ |
| | Miami, FL 33196 | · · · · · · · · · · · · · · · · · · · | _ |
| Name and Title Address | Munozcano, Gibran Dir | Name and Title: | 202 |
| | 15024 SW 104th St Apt 2205 | | 7020 HAR |
| | Miami, FL 33196 | AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | |
| | | | P W |
| Name and Title | Prieto, Christian A Dir | Name and Title: | _ <u>-</u> |
| | 701 CM 142 Ava Apt 214C | Address: | _ _ |
| | Pembroke Pines, FL 33027 | | |
| | | · · · · · · · · · · · · · · · · · · · | |

| Name and Title:_ | | Name and Title: | |
|---|---|---|------------------------------------|
| Address | | Address: | |
| _ | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | | |
| | | | |
| ARTICLE VI The name and Flo | REGISTERED AGENT orida street address (P.O. Box NOT a | cceptable) of the registered agent is: | |
| Name: | Fernando Aguilar | , , , | 20 |
| Address: | 15020 SW 136 St | | 2020 HAR |
| , toda e.i.v. | Miami, FL 33196 | | AR-2 |
| ARTICLE VII | INCORPORATOR | | PH L |
| The name and add | dress of the Incorporator is: | | 4: 14 STATE |
| Name: | Fernando Aguilar | | μι + |
| Address: | 15020 SW 136 St | | |
| | Miami, FL 33196 | | |
| | | ice of process for the above stated corpord int as registered agent and agree to act in th | |
| Leur | Jul Frender | | 2-27-2020 |
| - Curr | Keylired Signature of Registe | ered Agent | Date |
| I submit this docu to the Department | ment and affirm that the facts stated i of State constitutes a third degree felo | herein are true. I am aware that any false it ony as provided for in s.817,155, F.S. | nformation submitted in a document |
| Eleca | and Aciden | | 2-27-2020 Date |
| | Required Signature of Ir | neorporator | Date |