

9/1/2020

Division of Corporations

N2 100009926
Florida Department of State
Division of Corporations
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To: Division of Corporations
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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.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
VECA'S HOPE CHILDREN FOUNDATION, INC.**

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

2020 SEP - 1 PM 3:35
Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME

The name of the corporation shall be: VECA'S HOPE CHILDREN FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7101 SW 99 Ave., Suite 106

Mailing address, if different is:

Miami, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable, religious, educational, and scientific purposes,
under section 501(c)(3) of the Internal Revenue Code, or corresponding sections of any future federal tax code.

The corporation's purpose is to organize performing arts events whereby the proceeds of such events, are to benefit to various
children's charities.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
is provided in the bylaws of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diana Puig, President

Name and Title: Juan Puig, Director

Address: 8015 Los Pinos Blvd.
Coral Gables, FL 33143

Address: 8015 Los Pinos Blvd.
Coral Gables, FL 33143

Name and Title: Maria B. Chavarru, Director

Name and Title: _____

Address: 4440 SW 57 Ave
Miami, FL 33155

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Martinez, Chamizo, Marcor Law, L.P.
 Address: 3850 Bird Road, PH 902
Coral Gables, FL 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Diana Puig
 Address: 8015 Los Pinos Blvd.
Coral Gables, FL 33143

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

8/27/20
 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.817.135, F.S.

 Required Signature of Incorporator

8/27/20
 Date