

17200000011064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

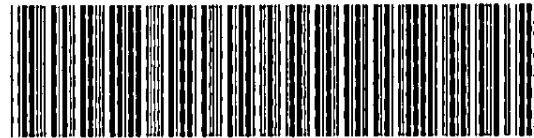
Special Instructions to Filing Officer:

Office Use Only

17200000011064

06/10/2020

T. SCOTT



400345417444

06/10/20--01023--011 \*\*87.50

FILED  
2020 JUN 29 PM 4:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2020

MILAGRO RUBIO PERRONI  
14232 MAILER BLVD  
ORLANDO, FL 32828

SUBJECT: TRACES OF LOVE AND EDUCATION, INC.  
Ref. Number: W20000063188

We have received your document for TRACES OF LOVE AND EDUCATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 320A00012306

## COVER LETTER

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

**SUBJECT:** TRACES OF LOVE AND EDUCATION, 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:** MILAGRO RUBIO PERRONI  
\_\_\_\_\_  
Name (Printed or typed)

14232 MAILER BLVD  
\_\_\_\_\_  
Address

ORLANDO, FLORIDA, 32828  
\_\_\_\_\_  
City, State & Zip

4072567531  
\_\_\_\_\_  
Daytime Telephone number

INFO@ACOACHINGINTEGRAL.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**

The name of the corporation shall be: TRACES OF LOVE AND EDUCATION, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
14232 MAILER BLVD

ORLANDO, FL. 32828

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THIS CORPORATION IS ORGANIZED EXCLUSIVELY CHARITABLE  
AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(c)3 OF THE INTERNAL REVENUE CODE.  
AND FURTHER OUTLINED ON EXHIBIT "A", ARTICLE III PURPOSE, WHICH IS ATTACHED TO THIS DOCUMENT.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_  
ELECTED AT THE ANNUAL MEETING \_\_\_\_\_

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

Name and Title: Milagro Rubio Perroni, President Name and Title: \_\_\_\_\_

Address: 14232 Mailer Blvd Address: \_\_\_\_\_  
Orlando, Fl. 32828

Name and Title: Hermagora Lopez Mata, Vice President Name and Title: \_\_\_\_\_

Address: 14232 Mailer Blvd Address: \_\_\_\_\_  
Orlando, Fl. 32828

Name and Title: Maritza Perez Palmucci, Director Name and Title: \_\_\_\_\_

Address: 2020 World Parkway Blvd, Apt 54 Address: \_\_\_\_\_  
Clearwater, Fl. 33763

FILED  
2020 JUN 29 PM 4:56  
CLERK OF DISTRICT COURT  
STATE OF 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: Milagro Rubio Perroni \_\_\_\_\_

Address: 14232 Mailer Blvd \_\_\_\_\_

Orlando, Fl. 32828 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Milagro Rubio Perroni \_\_\_\_\_

Address: 14232 Mailer Blvd \_\_\_\_\_

Orlando, Fl. 32828 \_\_\_\_\_

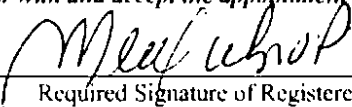
**ARTICLE VIII EFFECTIVE DATE:**

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:*

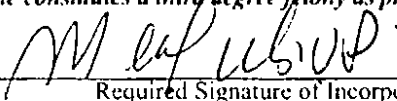


Required Signature of Registered Agent

06/29/2020

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

06/29/2020

Date