

10/15/2020

Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Tiniciti Preschool PTA, Inc

Certificate of Status	0
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Page Count	03
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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: Tiniciti Preschool PTA, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

Mailing address, if different is:

2500 SW 3rd Av

Miami, FL 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: School related charity fund raising

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

As set forth in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mariana Godinez Director Name and Title: _____

Address 2500 SW 3rd Av Address: _____

Miami, FL 33129 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and _____	Name and Title: _____
Title: Address _____	Address: _____
_____	_____
_____	_____
Name and _____	Name and Title: _____
Title: Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Mariana Godínez
Address: 1200 Brickell Bay Drive Unit 1815
Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

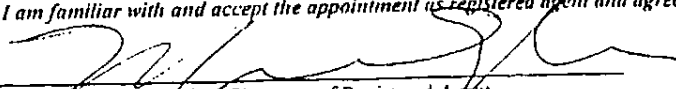
Name: Steven Zenoviet
Address: 2804 Gateway Oaks Drive, Ste 100
Sacramento, CA 95833

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

10/09/2020
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

10/09/2020
Date

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CLERK OF THE COURT
STATE OF FLORIDA