

N200000 13053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

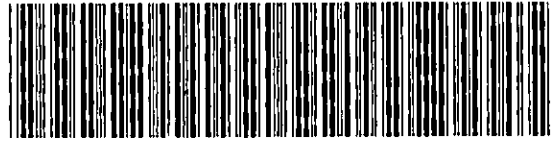
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DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FUNDACION ADONAI VIDA DIGNIDAD

INC

Signature _____

Requested by: SETH

11/18/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

SUBJECT: FUNDACION ADONAI VIDA DIGNIDAD, 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: Alan F. Gonzalez, Esquire

Name (Printed or typed)

601 Bayshore Boulevard, Suite 720

Address

Tampa, FL 33606

City, State & Zip

813-295-6925

Daytime Telephone number

kestrada@figsupport.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: FUNDACION ADONAI VIDA DIGNIDAD, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
Financial Institution Group, LLC (FIG)

1385 W. State Road 434, Ste 102

Longwood, FL 32750

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To protect life and dignity of children, to provide job training and education to their parents, and to help the poor to create agricultural and other small family business.

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

The Board of Trustees by 2/3 vote elect Trustees.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Cook, President

Address: 40 Bass Lake Drive
DeBary, FL 32713

Name and Title: Lisa Kim Estrada, Vice President

Address: 17670 Highland Drive
Longwood, FL 32750

Name and Title: Rick Ruckstuhl, Director

Address: 3050 Aberdeen Stables
Deltona, FL 32738

Name and Title: Edward A. Sutherland, Treasurer

Address: 700 Mistry Hollow Drive
Maple Glen, PA 19002

Name and Title: Darryl Reed, Director

Address: 440 Wood Street
Lake Mary, FL 32746

Name and Title: _____

Address: _____

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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: Financial Institution Group, LLC (FIG)

Address: 1385 W. State Road 434, Ste 102
Longwood, FL 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alan F. Gonzalez, Esq.

Address: 601 Bayshore Boulevard, Suite 720
Tampa, FL 33606


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

11/12/2020
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

11/11/20
Date