

N210 0000 4649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

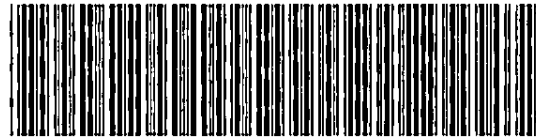
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100356808171

12/28/20--01012--002 **30.00

04/20/21--01010--030 **40.00

FILED
21 MAR -5 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
APR 19 2021

W21-25114
W21-2596



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2021

MARIANA AZPURUA
1218 SALZEDO STREET, #9
CORAL GABLES, FL 33134

SUBJECT: ONDAPOSITIVA INC.
Ref. Number: W21000025114

RECEIVED
2021 MAR -5 PM 1:54
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

We have received your document for ONDAPOSITIVA INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000202077.

The fee for a nonprofit corporation is \$70.00 and only \$30.00 has been received. Please submit the remainder in the amount of \$40.00.

Please return 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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 721A00003954

FILED
21 MAR -5 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ONDA POSITIVA FUNDATION 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: Mariana Azpurua

Name (Printed or typed)

1218 Salzedo Street, #9

Address

Coral Gables, FL 33134

City, State & Zip

786-838-8098

Daytime Telephone number

ondapositivacom@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 NAME

The name of the corporation shall be: ONDA POSITIVA FUNDATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
1218 Salzedo Street, #9

Coral Gables, FL. 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This company is organized exclusively for charitable, and educational
purposes, more specifically to present multidisciplinary arts and culture programs and eventes using media to impact the lives
of adults and children who trusts these disciplines. Also to help artists to find opportunities for entrepreneurship, personal and
professsional development. To this end, the corporation shall at all times be operated exclusively for charitable purposes within the
meaning of Section 501(c)3 of the Internal Revenue Code of 1986 as now enacted of hereafter amendende. All funds, wheter
income or principal, and weather acquired by gift or contribution or otherwise, shall be devoted to said purpose.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

AT THE ANNUAL MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mariana Azpurua, Presidente/CEO

Address: 3244 SW 23rd Street, Miami FL., 33145

Name and Title: _____

Address: _____

Name and Title: Tatiana Ramos, Secretary

Address: 1224 SW 104th Ct. Miami Fl. 33174

Name and Title: _____

Address: _____

Name and Title: Gabriela Longa, Treasurer

Address: 1214 Salzedo St. #9,
Coral Gables FL 33134

Name and Title: _____

Address: _____

21 MAR -5 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Mariana Azpurua

Address: 3244 SW 23rd Street, Miami FL, 33145

ARTICLE VII INCORPORATOR

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

Name: Mariana Azpurua

Address: 3244 SW 23rd Street, Miami FL, 33145

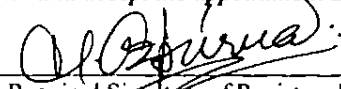
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/11/2021. (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

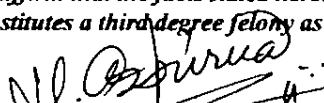


Required Signature of Registered Agent

01/11/2021

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

01/11/2021

Date

FILED
21 MAR -5 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA