

N21000004866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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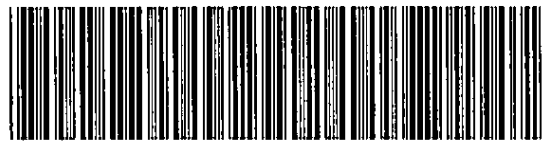
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Fundacion TSJ CORP

(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: Riano & Associates LLC

Name (Printed or typed)

9720 Stirling Road Suite 204C

Address

Cooper City, FL 33024

City, State & Zip

(754) 400-9896

Daytime Telephone number

kathy@rianolaw.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
2011 FEB 22 PM 12:51

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

ARTICLE I NAME

The name of the corporation shall be: Fundacion TSJ CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8300 NW 53 Street, Suite 350, Doral, FL 33166

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This Non-Profit Corp will operate exclusively for such purpose that qualify
as an exempt organization under Section 501(c)(6) of the Internal revenue code or corresponding provision of any subsequent
Federal Tax Law.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As stated in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P. Antonio Jose Marval Jimenez

Address: 8300 NW 53 Street, Suite 350
Doral, FL 33166

Name and Title: VP. Pedro Jose Troconis Da Silva

Address: 8300 NW 53 Street, Suite 350
Doral, FL 33166

Name and Title: S. Cioly Zambrano Alvarez

Address: 8300 NW 53 Street, Suite 350
Doral, FL 33166

Name and Title: T. Domingo Javier Salgado Rodriguez

Address: 8300 NW 53 Street, Suite 350
Doral, FL 33166

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2011 FEB 22 PM 12:51

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: Riano & Associates LLC

Address: 9720 Stirling Road Suite 204C

Cooper City, FL 33024.

ARTICLE VII INCORPORATOR

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

Name: Antonio Jose Marval Jimenez

Address: 8300 NW 53 Street, Suite 350

Doral, FL 33166

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.)

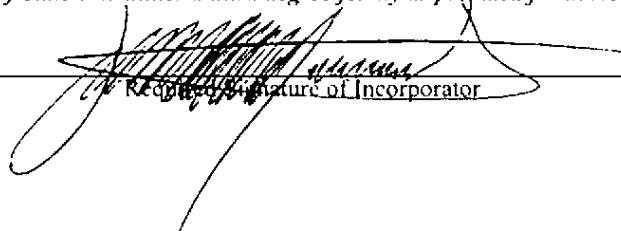
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

March 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

03/11/2021
Date

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