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COVER LETTER

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

closed is an original and one (1) copy of the Articles of Incorporation and a check for : \$70.00 \$78.75 \$87.50 \$87.50 Filing Fee Filing Fee & Certificate of Status \$Certificate of Status \$Certified Copy Certified Copy & Certified Copy & Certificate \$ADDITIONAL COPY REQUIRED FROM: P.O. BOX 10189 P.O.					
Filing Fee & Certificate of Status Filing Fee & Filing Fee, & Certified Copy & Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: GREG K. MYERS Name (Printed or typed) P.O. BOX 10189 Address BROOKSVILLE, FL 34603-0189	closed is an original and one (1) copy of the Artic	cles of Incorporation and	a check for:	_	
FROM: GREG K. MYERS	Filing Fee & Filing Fee & Certificate of	Filing Fee	Filing Fee, Certified Copy		
P.O. BOX 10189 Address BROOKSVILLE, FL 34603-0189		ADDITIONAL CO	PY REQUIRED		
P.O. BOX 10189 Address BROOKSVILLE, FL 34603-0189	FROM:		_		
P.O. BOX 10189 Address BROOKSVILLE, FL 34603-0189 City, State & Zip	Nam	e (Printed or typed)	_		
Address	P.O. BOX 10189			<u>.</u>	2021
BROOKSVILLE, FL 34603-0189 City, State & Zip		Address	_	<u> 2</u> .	20-
City, State & Zip	BROOKSVILLE, FL 34603-0	0189		15 72) - 12) -	127
352-544-0024		City, State & Zip	-		1
332 3 14 0024	352-544-0024				

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

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

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

ARTICLE II	PRINCIPAL OFFICE					
6415	Principal <u>street</u> address: Skyline Court	P.O.	Mailing address, if different is: P.O. Box 3143			
Sprin	Spring Hill, FL 34606-4824 Spring Hill, FL 34611-3143		g Hill, FL 34611-3143			
for religious, o	PURPOSE or which the corporation is organized is: charitable, educational and scientific purposes section of any future Federal Tax Code.	specific purposes under Section 5	for which the Corporation is organi 01(c)(3) of the Internal Revenue Co	zed, is e	exclusiv	ely
ARTICLE IV	MANNER OF ELECTION The manner	in which the dire	ctors are elected and appointed:	ual Elec	ction	
	MANNER OF ELECTION The manner INITIAL OFFICERS AND/OR DIRECTO		ctors are elected and appointed:	ual Elec	etion	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>PRS</u>	ctors are elected and appointed:		etion	
ARTICLE V Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTO	ORS Name and Title	ctors are elected and appointed:		ction	
ARTICLE V Name and Titl	INITIAL OFFICERS AND/OR DIRECTO Erancisco J. Rodriguez, President/Director	<u>PRS</u>	Seseli D. Rodriguez, Secretary/Dir		etion	_
ARTICLE V Name and Titl Address	Eric Cabrera, Vice Precident/Director	ORS Name and Title Address:	Seseli D. Rodriguez, Secretary/Dir P.O. Box 3143 Spring Hill, FL 34611-3143	ector	ction	_
Name and Titl Address Name and Titl	Eric Cabrera, Vice Precident/Director	Name and Title Address: Name and Title	Seseli D. Rodriguez, Secretary/Dir P.O. Box 3143 Spring Hill, FL 34611-3143	ector		_
Name and Titl Address Name and Titl	initial officers and/or director e: Francisco J. Rodriguez, President/Director P.O. Box 3143 Spring Hill, FL 34611-3143 Eric Cabrera, Vice-President/Director	ORS Name and Title Address:	Seseli D. Rodriguez, Secretary/Dir P.O. Box 3143 Spring Hill, FL 34611-3143 Peter M. Vega, Treasurer/Director	ector	2021 AFK	-
Name and Titl Address Name and Titl Address	e: Francisco J. Rodriguez, President/Director P.O. Box 3143 Spring Hill, FL 34611-3143 Eric Cabrera, Vice-President/Director P.O. Box 3143	Name and Title Address: Name and Title Address:	Seseli D. Rodriguez, Secretary/Dir P.O. Box 3143 Spring Hill, FL 34611-3143 Peter M. Vega, Treasurer/Director P.O. Box 3143 Spring Hill, FL 34611-3143	ector		-

Name and Title:_		Name and Title:		
Address _		Address:		
_				
Name and Title:_		Name and Title:	<u> </u>	
Address _		Address:		
_				
_				
ARTICLE VI	REGISTERED AGENT			
	orida street address (P.O. Box NOT accep	table) of the registered agent is:		
Name:	Francisco J. Rodriguez			
Address:	6415 Skyline Court		÷	25
	Spring Hill, FL 34606-4824			.021 AI
				APR 2
	INCORPORATOR Idress of the Incorporator is:		DAHE SEE	:
Name:	Myers Business Services, Inc.			
Address:	P. O. Box 10189		 ₹	=
	Brooksville, FL 34603-0189			_
Effective date, if	EFFECTIVE DATE: other than the date of filing:	01/2021 (OPTION d cannot be more than five day		the filing.)
	inserted in this block does not meet the ap tive date on the Department of State's reco		nents, this date will not be	e listed as the
	med as registered agent to accept service of Camiliar with and accept the appointment as			designated in this
18AM	W/V		4-23-C	<u> </u>
	Required Signature of Registered	Agent	Date	
	ument and affirm that the facts stated hereit of State constitutes a third degree felony as p		lse information submitted	d in a document to
			- Akala	021
	Required Signature of Incorp	porator	Date	
	V			

ARTICLES OF INCORPORATION

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

Article IX DISSOLUTION:

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or corresponding section of any future Federal Tax Code or shall be distributed to the Federal Government or to a State or Local Government for a public purpose.

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