

NZ1000012567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

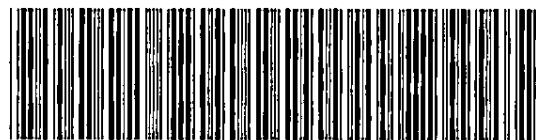
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: Glades Hispanic Heritage 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: Jose M. Flores  
Name (Printed or typed)

131 Cypress Ave.  
Address

Panokee FL 33476  
City, State & Zip

561 985 4379  
Daytime Telephone number

Jay - Flores 95@yahoo.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: Glades Hispanic Heritage Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

131 Cypress ave.

Pahokee FL 33476

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Community Outreach

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jose Flores, President Name and Title: Tammy Jackson Moore  
recording secretary

Address: 131 Cypress Ave  
Pahokee FL 33476

Address:

Name and Title: Elida Lopez, Vice president

Name and Title: Janet Amaya

Address: 117 NW Ave C  
Belle glade FL 33430

Address:

582 Ranchero RD  
Belle glade FL 33430

Name and Title: Carlos Flores, Treasure

Name and Title: Juencio Rivera, Jr

Address: 140 Cypress Ave  
Pahokee FL 33476

Address:

38840 SR-80  
Belle glade FL 3340

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: Jose Flores

Address: 131 Cypress Ave  
Panhandle FL 33476

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elida Lopez

Address: 117 NW Ave G  
Belle Glade FL 33430

**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.)

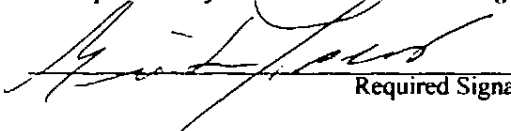
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/20/2021  
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

10/20/2021  
Date

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