

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000107233 3)))



H22000107233ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAX CARE CELEBRATION
Account Number : I20190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Jessica.torres@taxcareinc.com

FLORIDA PROFIT/NON PROFIT CORPORATION
VENEZUELAN EFFORT FOUNDATION INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

T. SCOTT

MAR 31 2022

RECEIVED

2022 MAR 30 AM 11:40

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: VENEZUELAN EFFORT FOUNDATION 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: TAX CARE FRANCHISE GROUP

Name (Printed or typed)

1400 NW 107TH AVE STE 203

Address

SWEETWATER FLORIDA 33172

City, State & Zip

786-845-8854

Daytime Telephone number

JESSICA.TORRES@TAXCAREINC.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: Venezuelan Effort Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1500 NE MIAMI PLACE STE 2812

MIAMI, FL 33132

Mailing address, if different is:
1500 NE MIAMI PLACE STE 2812

MIAMI, FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO AIDE IN THE MIGRATORY PROCESS OF VENEZUELAN
NATIONALS BY OFFERING THEM SUPPORT AND ASSISTANCE IN OBTAINING HOUSING, FOOD, AS WELL AS THE
PROPER ORIENTATION ON HOW TO OBTAIN OR APPLY TO OBTAIN A WORK PERMIT AND LEGAL STAY WITHIN
THE UNITED STATES OF AMERICA.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RODNY PACHECO, PRESIDENT

Address: 1500 NE MIAMI PLACE STE 2812
MIAMI, FL 33132

Name and Title: JOSE SEQUERA, TREASURER

Address: 1500 NE MIAMI PLACE STE 2812
MIAMI, FL 33132

Name and Title: ARGENIS PRIETO, VICE-PRESIDENT

Address: 16560 SOUTH POST RD, APT 202
WESTON, FL 33331

Name and Title: HENRIETTE PAUCHET, SECRETAR

Address: 19609 NE MARINE DRIVE
BIG EDDY MARINA, SLIP C2
PORTLAND, OR 97230

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

22 MAY 08 PM 12:43

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: _____ Rodny Pacheco

Address: _____ 1500 NE Miami Place Ste 2812

_____ Miami FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____ Jose Sequera

Address: _____ 1500 NE Miami Place Ste 2812

_____ Miami FL 33132

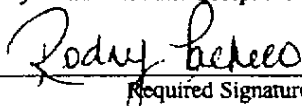
ARTICLE VIII EFFECTIVE DATE:

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

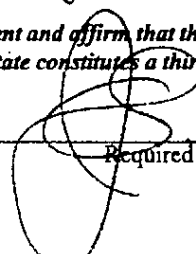


Required Signature of Registered Agent

3/22/2022

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

3/22/2022

Date