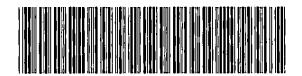
N22000009135

	Requestor's Name)	 _		
	Address)			
	Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
	(Business Entity Name)	· <u> </u>		
	Oocument Number)			
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				

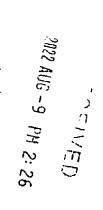
Office Use Only



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S. CHATHAM AUG 10 2022



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Al Norte del Sur Ve	nezuela Foundation, Inc.				
					-
			Art of Inc. File		
			LTD Partnership File		
			Foreign Corp. File	_	
			L.C. File		
			Fictitious Name File	_ _ _	
			Trade/Service Mark	·	
			Merger File		
			Art, of Amend, File		
			RA Resignation		
			Dissolution / Withdrawal		
			Annual Report / Reinstatement		
			Cert. Copy		
			Photo Copy	22/	•
			Certificate of Good Standing	100	
			Certificate of Status	0	
			Certificate of Fictitious Name		•
			Corp Record Search	_	
			Officer Search	37	
			Fictitious Search		
Signature		-	Fictitious Owner Search		
o.g			Vehicle Search		
	-	-	Driving Record		
Requested by: SETH	08/08		UCC 1 or 3 File		
Name	Date Time	-	UCC 11 Search		
ivaliic	Date Time		UCC II Retrieval	_	
Walk-In	Will Pick Up		Courier		
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COVER LETTER

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

JBJECT: Al Norte del	Sur Venezuela Foundation, In (PROPOSED CORP	orate name – <u>Must in</u>	<u>CLUDE SUFFIX</u>)	
iclosed is an original a	nd one (1) copy of the Ar	ticles 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 CO	PY REQUIRED	
FROM:	Lauren Llorca	me (Printed or typed)	-	
	777 SW 37th Ave. Suite 510	Name (Printed or typed) th Ave. Suite 510 Address		
	Miami, Florida, 33135			

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

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

City, State & Zip

Daytime Telephone number

(786) 837-6787

Lauren@epgdlaw.com

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

4 D. C. L. C	NAME e corporation shall be: Al Norte del Sur Ver DELINGTO AL OUTPUT				
<u>ARTICLE II</u>					
3581	Principal <u>street</u> address: E Glencoe St., Unit 605		Mailing address, if different is:		
Mian	ni, Florida 33133				
4RTICLE III The purpose fo	PURPOSE or which the corporation is organized is:	charitable organiz	ation created to provide clothing, educa	ation, food,	and
other social se	rvices to children in Venezuela.			8 -	
				AUA.	
		· • • • • • • • • • • • • • • • • • • •		1 1 10	

				7:	
	-			$\frac{\omega}{\omega}$	
ARTICLE IV	MANNER OF ELECTION The mann	er in which the dire	ectors are elected and appointed:	c.	_ -
	MANNER OF ELECTION The mann		ectors are elected and appointed: By vot	c. –	
ARTICLE V	Glenda Virginia Percy Medinilla P/D		Monica Lei Scaccia, VP	c. _	
ARTICLE V Name and Title	Glenda Virginia Percy Medinilla P/D	TORS	Monica Lei Scaccia, VP	c.	
ARTICLE V Name and Title	INITIAL OFFICERS AND/OR DIRECT Glenda Virginia Perez Medinilla, P/D	TORS Name and Title	Monica Lei Scaccia, VP	c.	
ARTICLE V Name and Title Address	INITIAL OFFICERS AND/OR DIRECT Glenda Virginia Perez Medinilla, P/D 3581 E Glencoe St., Unit 605 Miami, Florida 33133	TORS Name and Title	Monica Lei Scaccia, VP 19 Grand Bay Estates Circle, Key Biscayne, Florida 33149	c.	
ARTICLE V ARTICLE V Name and Title Address Name and Title	INITIAL OFFICERS AND/OR DIRECT Glenda Virginia Perez Medinilla, P/D 3581 E Glencoe St., Unit 605 Miami, Florida 33133	TORS Name and Title Address:	Monica Lei Scaccia, VP 19 Grand Bay Estates Circle, Key Biscayne, Florida 33149	c.	
ARTICLE V Name and Title Address Name and Title	Elsabella Soto Perez, Secretary	TORS Name and Title Address: Name and Title	Monica Lei Scaccia, VP 19 Grand Bay Estates Circle, Key Biscayne, Florida 33149 Jorge Luis Caraballo Rodriguez, T/D	c.	
ARTICLE V Name and Title Address Name and Title Address	Elana Florida 33133 Initial Officers AND/OR DIRECT Glenda Virginia Perez Medinilla, P/D 3581 E Glencoe St., Unit 605 Miami, Florida 33133 Isabella Soto Perez, Secretary 3581 E Glencoe St., Unit 605 Miami, Florida 33133	TORS Name and Title Address: Name and Title	Monica Lei Scaccia, VP 19 Grand Bay Estates Circle, Key Biscayne, Florida 33149 Jorge Luis Caraballo Rodriguez, T/D 3581 E Glencoe St., Unit 605 Miami, Florida 33133	c.	
ARTICLE V Name and Title Address Name and Title	Elana Florida 33133 Initial Officers AND/OR DIRECT Glenda Virginia Perez Medinilla, P/D 3581 E Glencoe St., Unit 605 Miami, Florida 33133 Isabella Soto Perez, Secretary 3581 E Glencoe St., Unit 605 Miami, Florida 33133	FORS Name and Title Address: Name and Title Address: Address:	Monica Lei Scaccia, VP 19 Grand Bay Estates Circle, Key Biscayne, Florida 33149 Jorge Luis Caraballo Rodriguez, T/D 3581 E Glencoe St., Unit 605 Miami, Florida 33133	c.	

Name and Title	·	Name and Title:	
Address		Address:	
Name and Title	·	Name and Title:	
Address		Address:	
			
			
			
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT ac	entable) of the moistened agent is:	
	Glenda virginia Perez Medinil		22
Name:		<u> </u>	Alis
Address:	3581 E Glencoe St., Unit 605		
•	Miami, Florida 33133		<u>း</u> ဂ
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	Eric Gros. Dubois		
Address:	777 SW 37th Ave, Suite 510		
rugicos.	Miami, FL 33135		
<u>ARTICLE VIII</u>	EFFECTIVE DATE:		
	f other than the date of filing:		
(II an effective	date is listed, the date must be specific	and cannot be more than five day	s prior or 90 days after the linng.)
	te inserted in this block does not meet the ective date on the Department of State's n		ents, this date will not be listed as the
Having been no	amed as registered agent to accept service	ce of process for the above stated c	corporation at the place designated in this
certificate, I am	familiar with and accept the appointment	t as registered agent and agree to act	in this capacity
	Required Signature of Register	ed Agent	08/07/22 Date
		rein are true. I am aware that any fa	lse information submitted in a document to
-	•		¥77/22
	C. Gros-Dubois Required Signature of Inc.	orporator	Date

COVER LETTER

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

Al Norte del Su	r Venezuela Foundation, In	ic.	
	(PROPOSED CORP	ORATE NAME - MUST IN	CLUDE SUFFIX)
Enclosed is an original and	lone (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM:	auren Llorca		
	Na	me (Printed or typed)	-
7	77 SW 37th Ave. Suite 510	1	
_	 . - :	Address	- ,

Miami, Florida, 33135

Lauren@epgdlaw.com

(786) 837-6787

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

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

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Daytime Telephone number