

Florida Department of State

Division of Corporations
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Division of Corporations
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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
SLG REFUGIO DE AMOR CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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2022 AUG 12 AM 3:57
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T. SCOTT

AUG 15 2022

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLE I NAMEThe name of the corporation shall be: SGL Refugio de Amor CORP**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

75 VALENCIA AVENUE SUITE 304

Mailing address, if different is:

CORAL GABLES, FLORIDA 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Helping battered women**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:By the bylaws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PRESIDENT: ROXANA LOPEZ PEREZ

Address: 19690 SW 198 STREET
MIAMI, FLORIDA 33187

Name and Title: VICE PRESIDENT: MABEL GONZALEZ RODRIGUEZ

Address: 5717 SW 2 TERR
MIAMI, FLORIDA 33144

Name and Title: SECRETARY: GLADYS M. GONZALEZ-AGUIAR

Address: 75 VALENCIA AVE SUITE 304
CORAL GABLES, FLORIDA 33134FILED
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DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Roxana Lopez Perez

Address:

19690 SW 198 St
Miami, FL 33187**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

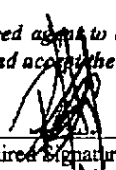
Name:

Roxana Lopez Perez

Address:


19690 SW 198 St
Miami, FL 33187

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_____
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_____
Date