

# N22000012596

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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## FLORIDA PROFIT/NON PROFIT CORPORATION SHAKING FOR CORP.

Certificate of Status	0
Certified Copy	1
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2022-11-08 16:48

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

**ARTICLE I NAME**

The name of the corporation shall be: Shaking For Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

1140 S. Alhambra Circle  
Coral Gables Fl 33146

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Shaking For is a collective of like  
minded individuals to help those in need  
when tragedy strikes

**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: <u>Johana Pena</u>	Name and Title: <u>Hector Enrique Acevedo</u>
Address: <u>Director</u>	Address: <u>Director</u>
<u>1140 S. Alhambra Circle</u>	<u>1140 S. Alhambra Circle</u>
<u>Coral Gables Fl 33146</u>	<u>Coral Gables, Fl 33146</u>

Name and Title: <u>Eddie Abilio Fuentes</u>	Name and Title: <u>Manuel E. Picon</u>
Address: <u>Director</u>	Address: <u>Director</u>
<u>1140 S. Alhambra Circle</u>	<u>1140 S. Alhambra Circle</u>
<u>Coral Gables Fl 33146</u>	<u>Coral Gables Fl 33146</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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: Johana PeñaAddress: 1140 S. Alhambra Circle  
Coral Gables, FL 33146**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Johana PeñaAddress: 1140 S. Alhambra Circle  
Coral Gable FL 33146

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 Agent11/4/22  
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 Incorporator11/4/22  
Date

11-17-22 11:50