

N230000000063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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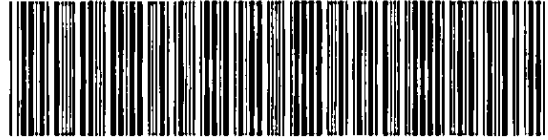
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/19/22

FILED
2022 DEC 19 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

2022 JUN 19 PM 3:33

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

VEGANOS D LA FLORIDA CENTRAL INCORPORATED

SUBJECT: _____

(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: AGUSTIN ULLOA

Name (Printed or typed)
13048 WATERFORD WOOD CIR #205

Address
ORLANDO, FL 32828

City, State & Zip
(973) 931-2222

Daytime Telephone number
Veganosdlafcentral@gmail.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: VEGANOS D LA FLORIDA CENTRAL INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address:
13048 WATERFORD WOOD CIR #205

ORLANDO, FL 32828

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our mission is to provide assistance to our community in Dominican Republic in case of a natural disaster

Appointed by the Bylaws

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Agustin Ulloa - P
13048 Waterford Wood Cir #205
Address: Orlando, FL 32828

Name and Title: _____

Address: _____

Name and Title: Jose Santos - VP
13024 Cordelia Lane
Address: Orlando, FL 32824

Name and Title: _____

Address: _____

Name and Title: Ana Higaldo - T
5787 Vista Linda Drive
Address: Orlando, FL 32822

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: AGUSTIN ULLOA
Address: 13048 Waterford Wood Cir #205
Orlando, FL 32828

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AGUSTIN ULLOA
Address: 13048 Waterford Wood Cir #205
Orlando, FL 32828

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TALLAHASSEE, FLORIDA

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

Agustin Ulloa

Required Signature of Registered Agent

12/30/2022

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 crime under the laws of the State of Florida.

Agustin Ulloa

Required Signature of Incorporator

12/30/2022

Date