

N23000008792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

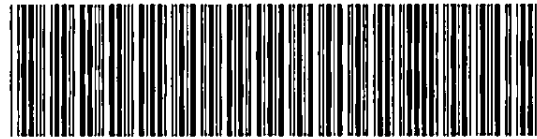
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COVER LETTER

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

SUBJECT: Florida Business 3 Leadership Incubator
(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: Annette Perez
Name (Printed or typed)

111. E. Monument Ave, Suite 404.
Address

Kissimmee, FL 34741
City, State & Zip

407-668-2259
Daytime Telephone number

anetcapitalgroup@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: Florida Business & Leadership Incubator Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

111 E Monument Ave, Suite 404 Kissimmee, FL 34741 (SAME)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Purpose is to Foster entrepreneurship Skills, Drive economic growth within the Local Community by Providing a Supportive ecosystem, Comprehensive resources and mentorship opportunities FBLI aims to empower Individuals and businesses to Thrive in Florida's dynamic business Landscape.

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: <u>Maria Pagan</u>	Name and Title: <u>Alberto Carril</u>
Address: <u>President / Chairman</u>	Address: <u>Executive Director</u>
<u>111 E. Monument ave</u>	<u>111 E. Monument ave, Suite 404</u>
<u>Suite 404</u>	<u>Kissimmee, FL 34741</u>
<u>Kissimmee, FL 34741</u>	
Name and Title: <u>Adrian Perez</u>	Name and Title: <u>Nascar Lorenzo</u>
Address: <u>Vice President / Vice Chairman</u>	Address: <u>Treasurer Director</u>
<u>111 E. Monument ave, Suite 404</u>	<u>111 E. Monument ave</u>
<u>Kissimmee, FL 34741</u>	<u>Suite 404</u>
	<u>Kissimmee, FL 34741</u>
Name and Title: <u>Maria Paulina Baena</u>	Name and Title: _____
Address: <u>Secretary, Director</u>	Address: _____
<u>111 E. Monument ave, Suite 404</u>	
<u>Kissimmee, FL 34741</u>	

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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: Adrian Perez

Address: 111 E. Monument Ave, Suite 404
Kissimmee, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adrian Perez

Address: 111 E. Monument Ave Suite 404
Kissimmee FL 34741

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/21/23 (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

7/21/23
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

7/21/23
Date

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