N23000009670

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000279900 3)))

H23000279900 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
23 AUG 11 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 AUG 11 PM 4:49

FLORIDA PROFIT/NON PROFIT CORPORATION
ALIANZA POR LA LIBERTAD DE NICARAGUA CORPORATION

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

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ALIANZA POR LA LIBERTAD DE NICARAGUA CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

625 BILTMORE WAY
APT # 1207
CORAL GABLES, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ASSIST DISPLACED NICARAGUANS TO STABALIZE THEIR LIVES

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

23 AUG 11 AM 9:07

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALVARO SOMOZA (DIRECTOR)

Address: 625 BILTMORE WAY
APT. 1207
CORAL GABLES FL 33134

Address:

Name and Title: GLENDA MC GREGOR-SOMOZA (Director)

Address: 625 BILTMORE WAY
#1207
Coral Gables FL 33134

Address:

Name and Title: ANGEL MODESTO Saenz (DIRECTOR)

Address: 10850 W Flagler St.
Apt 102 D
MIAMI FL 33174

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: ALVARO SOMOZA

Address: 625 BILTMORE WAY #1207
CORAL GABLES, FL. 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ALVARO SOMOZA

Address: 625 BILTMORE WAY #1207
CORAL GABLES, FL 33134

FILED
23 AUG 11 AM 9:17
SECRETARY OF STATE
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

_____ _____
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