

N 24 000000229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

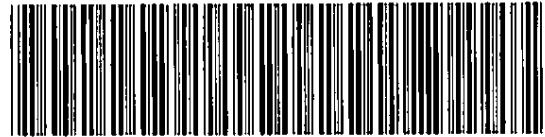
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23-170/24

Office Use Only



400419909004

FILED

2023 DEC 27 PM 2:55

RECEIVED

2023 DEC 27 PM 4:16

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/21/2023

**\*\*WALK IN\*\***

ENTITY NAME South Florida Chapter-PAMS

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$70

ACCOUNT #: I20160000072

*S. R. J. M.*

*Dr. T. J. ...*

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

**ARTICLE I NAME**

The name of the corporation shall be: SOUTH FLORIDA CHAPTER-PAMS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:  
10650 W STATE ROAD 84, STE 211  
DAVIE, FL 33324

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROVIDING QUALITY HEALTHCARE TO UNDERSERVED  
PEOPLE IN PERU. PROVIDING MEDICAL EDUCATION TO VOLUNTEERS TO ASSIST IN THE MEDICAL CARE AND  
DEVELOPMENT OF MEDICAL SKILLS.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>LUCY GALLEGOS PRESIDNET</u>	Name and Title:	<u>KARLA ARANCIBIA SECT.</u>
Address	<u>16721 WATERS EDGE DRIVE</u> <u>WESTON, FL 33326</u>	Address:	<u>8058 NW 128 LN</u> <u>PARKLAND, FL 33376</u>
Name and Title:	<u>LITA R CALAGUA TREAS</u>	Name and Title:	
Address	<u>2725 JOCKEY CIRCLE WEST</u> <u>DAVIE, FL 33330</u>	Address:	
Name and Title:		Name and Title:	
Address		Address:	

FILED  
2023 DEC 27 PM 2:55

2023  
DEC 27  
PM 2:55

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: LITA R CALAGUA

Address: 2725 JOCKEY CIRCLE WEST

DAVIE, FL 33330

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LITA R CALAGUA

Address: 2725 JOCKEY CIRCLE WEST

DAVIE, FL 33330

**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

12-21-23  
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 §817.155, F.S.*

\_\_\_\_\_  
Required Signature of Incorporator

12-21-23  
Date

6827