

N24000001455

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.

((H24000043075 3)))



H240000430753ABCZ

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 : CITI TAXES LLC
Account Number : I20230000131
Phone : (305)803-4427
Fax Number : (305)402-6230

FILED
2004 FEB -5 PM 1 20
TALLAHASSEE
FLORIDA

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

Email Address: citi.taxes@yahoo.com

FILED
2004 FEB -5 PM 3:09
TALLAHASSEE
FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
OPPORTUNITY LIGHT INCORPORATED**

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

COVER LETTER**H24000043075**

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

SUBJECT: OPPORTUNITY LIGHT INCORPORATED(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: ARMANDO VASQUEZ

Name (Printed or typed)

5721 NW 112TH AVE APT 108

Address

DORAL, FL 33178

City, State & Zip

305-803-4427

Daytime Telephone number

citi.taxes@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H24000043075

ARTICLES OF INCORPORATION**H24000043075**

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

ARTICLE I NAMEThe name of the corporation shall be: OPPORTUNITY LIGHT INCORPORATED**ARTICLE II PRINCIPAL OFFICE**Principal street address5561 NW 112TH AVE UNIT 104DORAL, FL 33178

Mailing address, if different is:

5561 NW 112TH AVE UNIT 104DORAL, FL 33178**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable,
educational, religious, and scientific purposes, including, for such purposes, the making of distributions,
to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue
Code, or the corresponding section of any future federal tax code.
ALSO CARE FOR INDIVIDUALS DISABLES.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors
are elected by the board

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ADOLFO A. CIENFUEGOS- PPRESIDENTAddress: 5561 NW 112TH AVE UNIT 104DORAL, FL 33178

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
02/04 FEB -5 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H24000043075

H24000043075

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

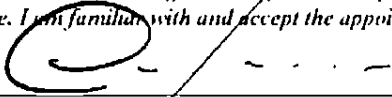
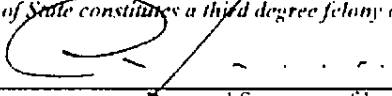
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: ADOLFO A. CIENFUEGOSAddress: 5561 NW 112TH AVE UNIT 104DORAL, FL 33178**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: ADOLFO A. CIENFUEGOSAddress: 5561 NW 112TH AVE UNIT 104DORAL, FL 33178**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 Agent01/31/2024_____
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 Incorporator01/31/2024_____
Date

H24000043075