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

From:
Account Name : YOUR DREAM SERVICES CORP.
Account Number : 12020000137
Phone : (786)569-2108
Fax Number : (786)364-1047

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

Email Address: info@yourdreamms.com

FLORIDA PROFIT/NON PROFIT CORPORATION
LATINO HELP CENTER THE LIGHTHOUSE INC

Certificate of Status	1
Certified Copy	1
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COVER LETTER

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

SUBJECT: LATINO HELP CENTER THE LIGHTHOUSE INC
(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: Zinddy J. Chavez Muriel
Name (Printed or typed)

1037 Ne 40th Terrace
Address

Cape Coral, Florida 33909
City, State & Zip

cinjochamu@gmail.com
Daytime Telephone number

201-878-9743
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: LATINO HELP CENTER THE LIGHTHOUSE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
1037 Ne 40th Terrace	1037 Ne 40th Terrace
Cape Coral, Florida 33909	Cape Coral, Florida 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LATINO HELP CENTER THE LIGHTHOUSE, a non-profit, focuses on educational, charitable, social welfare, and mental health initiatives, specifically for Latino residents in Lee County. It aims to enhance their life quality and community harmony, emphasizing non-discrimination and inclusive support. The center involves in social intervention, human development, and collaborates with similar organizations, offering internships and volunteer opportunities for greater community impact. To maximize our impact on current efforts, we may seek to collaborate with other non-profit organizations that fall under Section 501 c3 of the Internal Revenue Code and operate exclusively for educational, charitable, social welfare, or mental health purposes.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Osbaldo Florez - President
Address: 2611SE 16TH place, Cape Coral, Florida 33909

Name and Title: Kelly Penaloza- Vice-President Admin
Address: 1480 NW north river drive #2113, Miami Florida 33125

Name and Title: Hector Chavez- Vice-President
Address: 261 SE 16 TH place, Cape Coral, Florida 33909

Name and Title: Michelle López
Address: 11111 Summer Star Dr, Riverview Florida 33579

Name and Title: Nancy Millian- Secretary
Address: 531se 25th Terrace, Cape Coral Florida 33904

Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Your Dream Multiservices Corp

Address: 9554 Nw 41st St

Doral Florida 33178

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Zinddy J. Chavez Muriel

Address: 1037 Ne 40th Terrace

Cape Coral, Florida 33909

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 15, 2024 (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

Asamar Torres 02/16/2024

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.

Zinddy J. Chavez Muriel 02/16/2024

Required Signature of Incorporator Date