

# N24000012047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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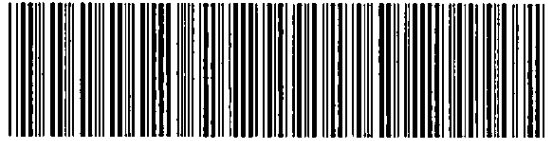
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

2024 OCT -9 AM 11:04

FILED

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

**ARTICLE I NAME**

The name of the corporation shall be: Milagros Hope Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

3250 Azure Sky Way  
Wesley Chapel FL 33544

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Milagros Hope is organized exclusively for charitable, religious, and educational 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.

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

As provided for in the bylaws.

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

Name and Title: Nancy Suricl,

Address: President

3250 Azure Sky Way  
Wesley Chapel FL 33544

Name and Title: Joni D. Villalobos

Address: 1526 Tailor Road

Lutz, FL 33559

Name and Title: Dennis Taveras, VP

Address: 201- 76 Street

Brooklyn NY 11209

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Lydia Nunez,

Address: Secretary

1055- 73rd Street

Brooklyn NY 11228

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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2024 OCT -9 AM 11:04  
TALLAHASSEE, FLORIDA

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: Nancy M. Suricl  
Address: 3250 Azure Sky Way  
Wesley Chapel FL 33544

**ARTICLE VII INCORPORATOR**

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

Name: Nancy M. Suricl  
Address: 3250 Azure Sky Way  
Wesley Chapel, FL 33544

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/01/2025 (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:*

Nancy Suricl  
Required Signature of Registered Agent

10/2/2024  
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.*

Nancy Suricl  
Required Signature of Incorporator

10/2/2024  
Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA