

N240000012121

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.

((H24000346517 3)))



H240003465173ABC%

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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
FUNDACION ONEMILLIONDOLLARS CORP.**

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

RECEIVED

2024 OCT 16 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 OCT 16 PM 3:36

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

FUNDACION ONE million dollars Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address:10750 NW 138 ST
HI ALEAH GARDENS
FL 33018

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HELP ENTREPRENEURS from all
OVER THE WORLD, IN CRITICAL SITUATIONS
TO BE PRODUCTIVE IN SOCIETY.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:by the Bylaws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: (P) ELIXON ANTONIO ALCALA SIVIRA Name and Title: ORFEO HERNANDEZ (S)Address: 10750 NW 138 ST Address: 10750 NW 138 ST
HI ALEAH GARDENS HI ALEAH GARDENS
FL 33018 FL 33018

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2024 OCT 16 PM 3:36

FILED

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: ORFEO HERNANDEZ

Address: 10750 NW 138 ST

HALEAN GARDENS

FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ORFEO HERNANDEZ

Address: 10750 NW 138 ST

HALEAN GARDENS

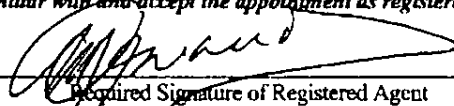
ARTICLE VIII EFFECTIVE DATE: FL 33018

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.)

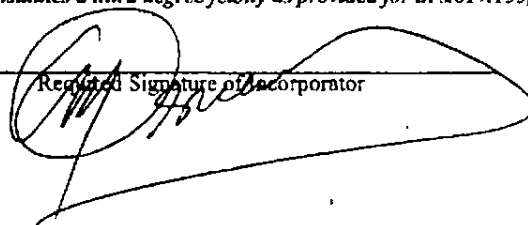
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

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

FILED
2014 OCT 16 PM 3:36
STATE OF FLORIDA
TALLAHASSEE