

# N24000012865

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
BAYAMO SOCIAL SERVICES INC**

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

SECRETARY OF STATE  
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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: Bayamo Social Services INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:9002 SW 40th st  
Miami FL 33165

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: our purpose is to help- the population,  
- help people with low income. offering Food  
personal items.**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: Elizabeth Del Prado - P Name and Title:Address: 9002 SW 40th st Address:  
Miami FL 33165Name and Title: Luis Del Prado - VP Name and Title:  
(MD)Address: 9002 SW 40th st Address:  
Miami FL 33165

Name and Title: Name and Title:

Address: Address:

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TALLAHASSEE, FLORIDA

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_  
Address: 9002 SW 40th ST  
Miami FL 33165  
**ELIZABETH DEL PRADO**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elizabeth Del Prado  
Address: 9002 SW 40ST  
MIAMI, FL 33165

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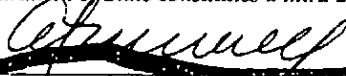
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

10/1/2024  
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 Incorporator

10/1/2024  
DateARTICLE  
REGISTERED