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## **COVER LETTER**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

SUBJECT: \_\_\_\_\_ Articles of Incorporation for Casa de Reunion H242, Inc.

samuelrodz@ymail.com

- 630 AA	□ ¢30 35	□c70.75	□ ¢07.50
■ \$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 CO	PY REQUIRED
FROM:	Luis R. Ortiz		
FROM:		me (Printed or typed)	_
FROM:	Na	me (Printed or typed) Address	-
FROM:	Na		

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

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

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

ARTICLE II	<u>PRINCIPAL OFFICE</u>		
	Principal <u>street</u> address:  1 Panther Dr.		Mailing address, if different is:
Lak	eland, FL 33812		
charitable, re	ligious and educational, including, for suc	ch purposes, the maki	h. Said organization is organized exclusively for ng of distribution to organizations that qualify as exemp
organization	s describe under Section 501(c)(3) of the	Internal Revenue Cod	e, or corresponding section of any future federal tax
code.			
For dissoluti	on clause please refer to the attach constit	ution and bylaws of	Casa de Reunion H242, Inc." page 19, Art. 13, sect. 4.
			As stated in bylaws.
ARTICLE IS			ctors are elected and appointed:  As stated in bylaws.
ARTICLE V	INITIAL OFFICERS AND/OR DIRE		Divers loss A - Vice Pres /Assc Petr
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	<u>ECTORS</u>	Divers loss A - Vice Pres /Assc Petr
ARTICLE V  Name and Ti	INITIAL OFFICERS AND/OR DIRE tle: Ortiz, Luis R Pres./Sr. Pstr	ECTORS  Name and Title	Rivera, Jose A Vice Pres./Assc. Pstr
Name and Ti	INITIAL OFFICERS AND/OR DIRE  tle: Ortiz, Luis R Pres./Sr. Pstr  303'l Panther Dr.  Lakeland, FL 33812  Rodriguez, Samuel - Admin Pstr	ECTORS  Name and Title	Rivera, Jose A Vice Pres./Assc. Pstr 5263 Black Swan Dr. Lakeland, FL 33812
Name and Ti Address Name and Ti	INITIAL OFFICERS AND/OR DIRE  tle: Ortiz, Luis R Pres./Sr. Pstr  303'l Panther Dr.  Lakeland, FL 33812  Rodriguez, Samuel - Admin Pstr	ECTORS  Name and Title Address:	Rivera, Jose A Vice Pres./Assc. Pstr 5263 Black Swan Dr. Lakeland, FL 33812
Name and Ti	INITIAL OFFICERS AND/OR DIRE  tle: Ortiz, Luis R Pres./Sr. Pstr  303'l Panther Dr.  Lakeland, FL 33812  Rodriguez, Samuel - Admin Pstr  tle:	ECTORS  Name and Title Address: Name and Title	Rivera, Jose A Vice Pres./Assc. Pstr  5263 Black Swan Dr.  Lakeland, FL 33812  Suarez, Carlos - Sec
Name and Ti Address Name and Ti Address	INITIAL OFFICERS AND/OR DIRE  tle: Ortiz, Luis R Pres./Sr. Pstr  303'l Panther Dr.  Lakeland, FL 33812  tle: Rodriguez, Samuel - Admin Pstr  35002 Brackett Bend  Zephyrhills, FL 33541	ECTORS  Name and Title Address: Name and Title	Rivera, Jose A Vice Pres./Assc. Pstr  5263 Black Swan Dr.  Lakeland, FL 33812  Suarez, Carlos - Sec  6708 Lemon Tree Dr.  Lakeland, FL 33813
Name and Ti Address Name and Ti	INITIAL OFFICERS AND/OR DIRE  tle: Ortiz, Luis R Pres./Sr. Pstr  303'l Panther Dr.  Lakeland, FL 33812  tle: Rodriguez, Samuel - Admin Pstr  35002 Brackett Bend  Zephyrhills, FL 33541	ECTORS  Name and Title Address:  Name and Title Address:  Address:	Rivera, Jose A Vice Pres./Assc. Pstr  5263 Black Swan Dr.  Lakeland, FL 33812  Suarez, Carlos - Sec  6708 Lemon Tree Dr.  Lakeland, FL 33813

Name and Title	:	Name and Title:
Address		Address:
Name and Title	;	Name and Title:
Address	<del></del>	Address:
ARTICI E VI	REGISTERED AGENT	
		OT acceptable) of the registered agent is:
Name:	Samuel Rodriguez	
Address:	35002 Brackett Bend	
, tuuress.	Zephyrhills, FL 33541	
ARTI <u>C</u> LE VII	INCORPORATOR	
The name and	address of the Incorporator is:	
Name:	Luis R. Ortiz	
Address:	3031 Panther Dr.	
	Lakeland, FL 33812	
ARTICLE VIII	I EFF <u>ECTIVE DATE:</u>	
Effective date	if other than the date of filing.	. (OPTIONAL) ecific and cannot be more than five days prior or 90 days after the filing.)
•		
Note: If the da	te inserted in this block does not mee	eet the applicable statutory filing requirements, this date will not be listed as the
document's effe	ective date on the Department of Stat	ne s records.
		service of process for the above stated corporation at the place designated in
Havina heen n	amed as registered agent to accept t	
Having been n certificate, I am	amed as registered agent to accept: familiar with and accept the appoint	ntment as registered agent and agree to act in this capacity
Having been n certificate, I am	amed as registered agent to accept in familiar with and accept the appoint	ntmont as registered agent and agree to act in this capacity  7/9/2025
Having been n certificate, I am	amed as registered agent to accept a familiar with and accept the appoint Required Signature of Reg	ntmont as registered agent and agree to act in this capacity  7/9/2025
certificate, I am	Required Signature of Reg	egistered Agent  Date  Ted herein are true. I am aware that any false information submitted in a docume
certificate, I am	Required Signature of Reg	egistered Agent  Date