

N95000002216

5/09/95

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM

9:15 AM

((H95000005172))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAB-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8403 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166- 311-

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H95000005172))

DOCUMENT TYPE: FLORIDA NON-PROFIT CORPORATION

NAME: ACOEMDO DE LA FLORIDA

FAX AUDIT NUMBER: H95000005172

CURRENT STATUS: REQUESTED

DATE REQUESTED: 05/09/1995

TIME REQUESTED: 09:14:54

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

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** ENTER 'M' FOR MENU. **

5/09/95

FLORIDA DIVISION OF CORPORATIONS
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9:15 AM

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FILED
95 MAY -9 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60-101-1-1-1

H95000005172

ARTICLES OF INCORPORATION

FOR

ACDEMDO DE LA FLORIDA CORP.

FILED
95 MAY -9 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: ACDEMDO DE LA FLORIDA CORP.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

3407 NW 17 AVE.
MIAMI FL 33142

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

To get together as Dominican & Hispanic,
with specific purpose of assisting and best
inform and educate to the Small Business.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:

State in by Law of the Corporation by direct
vote. In case of any vacancy, the Board of
Directors will decide to fill such position.

Prepared by: Jose Betancourt
1950 S.W. 122nd Ave.
Miami, FL 33175

H95000005172

(305) 223-7933

H95000005172

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RAMON ANT. MININO Director/PRESIDENT 4625 SW 116 AVE.
MIAMI FL 33165

VICTOR ALBA Director/GENERAL SECRETARY 453 NE 76 ST.
MIAMI FL. 33138

JOSE BETANCOURT . TREASURER /Director 1950 SW 122 AVE.
MIAMI FL 33175

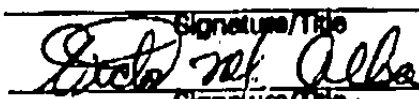
The undersigned has(have) executed these Articles of Incorporation this

_____ 8 _____ day of _____ MAY _____, 19 95 _____.

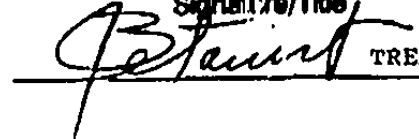


PRESIDENT

Signature/Title



Signature/Title GENERAL SECRETARY



Signature/Title TREASURER

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H95000005172

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: ACCOMMO DE LA FLORIDA CORP.

2. The name and address of the registered agent and office is:

JOSE BETANCOURT
1950 SW 122 AVE. AP-1C

MIAMI FL 33175

SIGNATURE *[Signature]*

TITLE TREASURER

DATE 5/8/95

FILED
9 MAY -9 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND A AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE *[Signature]*

DATE 5/8/95

H95000005172

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002216

1. Corporation Name

ACOEMDO DE LA FLORIDA CORP.

FILED

96 OCT 31 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~1594 N.W. 36th ST.~~
~~MIAMI, FL. 33142~~



REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
1594 N.W. 36th ST.
City & State
MIAMI, FL.
Zip
33142
Country
USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
1594 N.W. 36th ST.
City & State
MIAMI, FL.
Zip
33142
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 05/09/1995
5. FEI Number 65-0581053
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			4. City / State / Zip
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
PO	LEONEL S. OLIVO	1594 N.W. 36th ST.	MIAMI, FL. 33142
PO	RAFAEL CALDERON	8280 S.W. 44 ST.	MIAMI, FL. 33155
PO	YUNIS SEGURA	133 S.W. 22 AVE.	MIAMI, FL. 33135
P/D	OLIVO, LEONEL S.	1594 N.W. 36 ST.	MIAMI, FL. 33142
S/D	CALDERON, RAFAEL	8280 S.W. 44 ST.	MIAMI, FL. 33155
D	SEGURA, YUNIS	133 S.W. 22 AVE.	MIAMI, FL. 33135

8. Name and Address of Current Registered Agent
SEGURA, YUNIS
133 S.W. 22 AVE.
APT 10
MIAMI FL 33135

9. Name and Address of New Registered Agent
Name
JOSE TORRES
Street Address (P.O. Box Number is Not Acceptable)
2630 HOLLYWOOD BOULEVARD
Suite, Apt. #, Etc.
City
HOLLYWOOD
State
FL
Zip Code
33020

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent *Jose R. Torres* Date *10-2-96*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #