

N96000001635

South FLA SAFETY PROGRAM

Requestor's Name

18954 S. Dixie Hwy

Address

Miami FL 33157

City/State/Zip

Phone #

SECRET
01725/06--01000--013
****122.50 ****122.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
SECRET
EXEMPT OF CORPORATIONS
66 MAR 25 AM 10:46

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

W96-2241
ST
3/26



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 30, 1996

SOUTH FL. SAFETY PROGRAM
18954 S. DIXIE HWY.
MIAMI, FL 33157

SUBJECT: SOUTH FLORIDA SAFETY PROGRAM, INCORPORATED
Ref. Number: W96000002241

We have received your document for SOUTH FLORIDA SAFETY PROGRAM, INCORPORATED and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala
Document Specialist Supervisor

Letter Number: 896A00003960

ARTICLES OF INCORPORATION

OF

SOUTH FLORIDA SAFETY PROGRAM INCORPORATED

Pursuant to section 617.0202, Florida Statutes, the articles of incorporation must set forth the following:

ARTICLE I NAME

The name of this organization shall be:

SOUTH FLORIDA SAFETY PROGRAM INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

**18954 S. Dixie Hwy
Miami, Florida 33157**

ARTICLE III PURPOSE

This Non-Profit Corporation is organized specifically for the sole purpose of developing and creating a Traffic Education and Safety Driving Program. A curriculum that can be use by Traffic Schools to educate drivers in the State of Florida.

ARTICLE IV DIRECTORS

They shall be only one Director on this corporation.

**Gonzalo J. Peschlara
2660 SW 37th Avenue PH-2
Miami, Fl. 33133**

ARTICLE V POWER OF DIRECTOR

The power of the Director is unlimited for this Corporation.

SECRET
DIVISION OF
94-01-10-16
26 MAR 26 AM 10:46
STANDARD
OPERATIONS

ARTICLE VI INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

Gonzalo J. Peschlora
2660 SW 37th Avenue PH-2
Miami, Fl. 33133

ARTICLE VII INCORPORATOR(S)

The name and street address of the incorporator to these Articles is:

Gonzalo J. Peschlora
2660 SW 37th Avenue PH-2
Miami, Fl. 33133

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

19th day of March, 1996

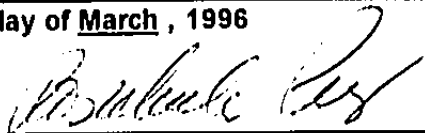

Signature

STATE OF FLORIDA)

) SS:

COUNTY OF DADE)

The foregoing Articles of Incorporation of SOUTH FLORIDA SAFETY PROGRAM, INCORPORATED
Were acknowledged before me this 19th day of March, 1996
by Gonzalo J. Peschlora, as Incorporator


Notary Public

My commission expires on:



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0202, 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:

SOUTH FLORIDA SAFETY PROGRAM INCORPORATED

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

**Gonzalo J. Peschlara
2660 SW 37th Avenue PH-2
Miami, Florida 33133**

RECEIVED
SECRETARY OF CORPORATIONS
96 MAR 26 AM 10:46

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Gonzalo J Peschlara

