

N9900000982

TRANSMITTAL LETTER

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

400002775084--9  
-02/15/99--01058--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

CoAKam, Inc.

(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check  
for \$ 78<sup>75</sup>/<sub>100</sub>

FROM:

KPS (S. Keller)

Name (printed or typed)

4290 10th Avenue North #103

Address

Jale Worth, FL 33461

City, State, & Zip

(561) 434-9111

Telephone Number

FILED  
99 FEB 15 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the Articles.

m 2/16/99

**ARTICLES OF INCORPORATION**  
**OF**  
**COAKAM, INC.**

**FILED**  
**99 FEB 15 PM 1: 50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**The undersigned incorporator, for the purpose of forming a Corporation under the Florida Not for Profit Corporation Act hereby Adopts the following Articles of Incorporation:**

**ARTICLE I**

The name of this Corporation shall be **COAKAM, INC.**

**ARTICLE II**

**DURATION**

This Corporation shall have perpetual existence unless dissolved pursuant to law and shall commence business as of the date of filing of these Articles of Incorporation.

**ARTICLE III**

**PURPOSE**

The specific purposes for which the corporation is organized are: engage in charitable functions to help Guatemalan immigrants who came to the United States prior to December of 1995; promote and maintain Guatemalan traditions and culture.

**ARTICLE IV**  
**MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is: election by majority of members; these will hold elections on a yearly basis.

**ARTICLE V**  
**PRINCIPAL OFFICE**

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

419 North "H" Street, Lake Worth, Fl 33460.

**ARTICLE VI**  
**INITIAL REGISTERED AGENT AND STREET ADDRESS**

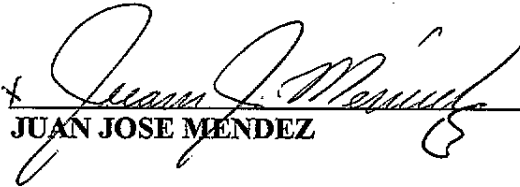
The name of the registered agent and the street address of the initial registered office of this Corporation is:

**YOMARA DE LEON**  
**4311 Broadway**  
**West Palm Beach, Fl. 33407**

**ARTICLE VII**  
**INCORPORATOR**

The name and address of the Incorporator to these Articles of Incorporation is: Juan Jose Mendez; 419 North "H" Street, Lake Worth, Fl. 33460.

IN WITNESS WHEREOF, the undersigned, being the original incorporator to the Articles of Incorporation herein, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, this 9<sup>th</sup> day of February, 1999.

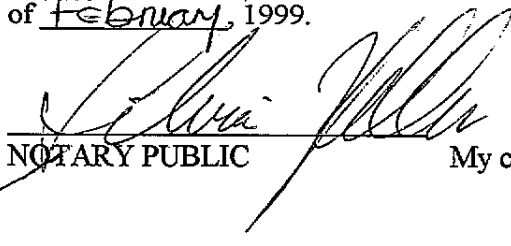
  
JUAN JOSE MENDEZ

STATE OF FLORIDA )

COUNTY OF PALM BEACH )

BEFORE ME, the undersigned authority, personally appeared JUAN JOSE MENDEZ, who after being first duly sworn, deposes and states, that he signed the foregoing Articles of Incorporation for the purposes stated therein expressed.

WITNESS my hand and official seal at the State and County aforesaid, this 9<sup>th</sup> day of February, 1999.

  
NOTARY PUBLIC

My commission expires:



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 designation the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: COAKAM, INC.

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

**Yomara De Leon**  
**4311 Broadway**  
**West Palm Beach, Fl. 33407**

I HAVE 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.

  
\_\_\_\_\_  
YOMARA DE LEON / REGISTERED AGENT

FILED  
99 FEB 15 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA