

N99000001499

GRUPO DE APOYO A COOPERATIVAS
INDEPENDIENTES
1000 PONCE DE LEON BLVD # 312
CORAL GABLES FL 33134

Office Use Only

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

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

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

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☒ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

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*****80.00 *****80.00

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
99 MAR -8 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials



tel (305) 447-2713

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 12, 1999

GRUPO DE APOYO A LAS COOPERATIVAS INDEPENDIENTES
1000 PONCE DE LEON BLVD., #312
CORAL GABLES, FL 33134

SUBJECT: GRUPO DE APOYO A LAS COOPERATIVAS INDEPENDIENTES
Ref. Number: W99000003663

We have received your document for GRUPO DE APOYO A LAS COOPERATIVAS INDEPENDIENTES and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please provide an English translation for the entity's name in your cover letter.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The registered agent must sign accepting the designation.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of 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 (850) 487-6928.

Michelle Milligan
Document Specialist

Letter Number: 899A00006401

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

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

ARTICLE I

The name of the corporation shall be: Grupo de Apoyo a las Cooperativas Independientes, *INC.*
SUPPORT GROUP TO INDEPENDENT COOPERATIVES

The principal place of business of this corporation shall be:
1000 Ponce de Leon Blvd. Suite 312, Coral Gables, FL. 33134

ARTICLE II

The period of the duration of this corporation is PERPETUAL
unless dissolved according to law.

ARTICLE III

The purpose (purposes) for which the corporation is organized is (are):
To provide humanitarian assistance to independent farmers in Cuba.

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TALLAHASSEE, FLORIDA

ARTICLE IV

The qualifications for members and the manner of their admission are:
As provided for in the bylaws

ARTICLE V

The number constituting the initial Board of directors, trustee or managers, (circle one) of the coporation is three, and the names and addresses of the persons who are to serve initially are: (not less than 3) The manner in which the directors are elected, shall be as stated in the bylaws.

<u>NAME</u>	<u>ADDRESS</u>
Hernan Henriquez	1000 Ponce de Leon Blvd. Suite 312, Coral Gables, FL. 33134
Diosmel Rodriguez	1000 Ponce de Leon Blvd. Suite 312, Coral Gables, FL. 33134
Bernardo Pestano	1000 Ponce de leon Blvd. Suite 312, Coral Gables, FL. 33134

ARTICLE VI

This corporation is organized under a non-stock basis.

ARTICLE VII


In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Section 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State or Local Government for exclusive public purpose.

ARTICLE VIII

The name and address of each incorporator is
Diosmel Rodriguez
1000 Ponce de Leon Blvd. Suite 312
Coral Gables, Fl. 33134

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 2 day of Feb -, 1999

Signature(s) of Incorporator(s)


Print name here: Diosmel Rodriguez

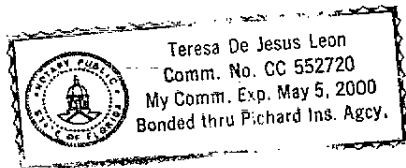

DIOSMEL RODRIGUEZ
Print name here:


DIOSMEL RODRIGUEZ
Print name here:

STATE OF FLORIDA
COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this 2 day of FEB -, 1999, by DIOSMEL RODRIGUEZ (name of incorporator) of GRUPO DE APOYO A LAS COOPERATIVAS INDEPENDIENTES, INC (name of corporation)

(SEAL)




NOTARY PUBLIC

My Commission Expires:

NON-PROFIT ARTICLES OF INCORPORATION FILING FEE: \$35

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: Grupo de Apoyo a las Cooperativas Independientes, Inc.
SUPPORT GROUP TO INDEPENDENT COOPERATIVES

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

(NAME)
1000 PONCE DE LEON BLVD. SUITE 312

(P.O. BOX NOT ACCEPTABLE)
CORAL GABLES, FL 33134

(CITY/STATE/ZIP)

SIGNATURE

(corporate officer)

TITLE DIRECTOR

DATE

2/2/99

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.

SIGNATURE

DATE

2/2/99

REGISTERED AGENT FILING FEE: \$35

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TALLAHASSEE, FLORIDA