

N99000001531

TRANSMITTAL LETTER

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

600002797516--2  
-03/08/99--01093--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** Institute For The Development Of Latin Culture, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$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 COPY REQUIRED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 MAR -8 AM 8:15

FILED

**FROM:** Mr. Mickey Rosado  
Name (Printed or typed)  
3014 Santa Barbara Boulevard  
Address  
Cape Coral, Florida 33914  
City, State & Zip  
(941) 458-2074  
Daytime Telephone number

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

SD  
3/11

#### **Article I**

The Name of the Non Profit Incorporation shall be  
**Institute for the development of Latin Culture, Inc.**

#### **Article II**

The Principle place of Business and Mailing Address is  
**3014 Santa Barbara Blvd Cape Coral, FL 33914.**

#### **Article III**

Purpose of the Non Profit Incorporation  
**Is to develop a series of projects for the development Latin Culture in the state of Florida.**

- (a) **To unite all Latin Organizations working to raise the educational, economic and social standards of the Latin peoples and to promote their cultural heritage.**
- (b) **To develop community interest and concern; to foster the aspect of Latin culture that enhances economic advancement of the Latin Community.**
- (c) **To solicit and collect gifts contributions, and bequest of monies and other assets; and to hold the same in trust for the uses and purposes of the Institution.**

#### **Article IV**

The Manner in which the Directors are elected or appointed.  
**The Institution should have a minimum of 6 members of the board of Directors. In which they will gather at least 1 time a Year to confirm the status or turn of the acting Director.**

#### **Article V**

The name and Florida street address of the initial registered agent.

##### **Registered Agent**


**Mr. Mickey Rosado 3014 Santa Barbara Boulevard  
Cape Coral, Florida 33914 (941) 458 - 2074**

#### **Article VI**

The name and street address of the incorporator is:

**Mickey Rosado 3014 Santa Barbara Blvd.  
Cape Coral, FL 33914**

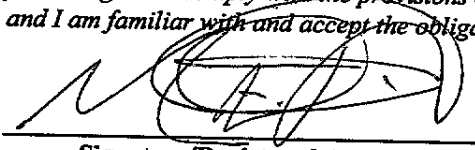
**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature/Incorporator

3-5-99.  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

*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/Registered Agent

3-5-99  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA