

OFFICE USE

AZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

500002853395--3

-04/27/99-01061-017

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

## CORPORATION NAME(S) &amp; DOCUMENT NUMBER(S) (if known):

1. Alianza de Trabajadores de la comunidad  
(Corporation Name) (Document #)2. \_\_\_\_\_  
(Corporation Name) (Document #) *anc*3. \_\_\_\_\_  
(Corporation Name) (Document #)4. \_\_\_\_\_  
(Corporation Name) (Document #)☒ Walk in ☒ Pick up time 2:00☒ Certified Copy☐ Mail out ☐ Will wait ☐ Photocopy☐ Certificate of Status99 APR 28 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" 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

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 27, 1999

LAZARUS

MIAMI, FL

SUBJECT: ALIANZA DE TRABAJADORES DE LA COMUNIDAD INC. (A.T.C.)  
Ref. Number: W99000009863

*translation: ALIANCE of the community workers INC.*

We have received your document for ALIANZA DE TRABAJADORES DE LA COMUNIDAD INC. (A.T.C.). However, the document has not been filed and is being returned for the following:

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

ALSO, PROVIDE ENGLISH TRANSLATION FOR THE PURPOSE IN ARTICLE III.

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) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 899A00022280

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 APR 28 AM 11:39

RECEIVED

**ARTICLES OF INCORPORATION**

**FOR**

**FILED**  
99 APR 28 PM 1:51  
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: **ALIANZA de TRABAJADORES  
de la Comunidad Inc  
(A.T.C.)**

**ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

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

**4648 S.W. 7<sup>th</sup> AVE, MIAMI, FL.  
33155**

**ARTICLE III PURPOSE(S)**

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

**HUMANITARIAN HELP & FAMILY TRIPS  
VIAJES FAMILIARES Y AYUDA HUMANITA-  
RIA**

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

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

**Minutes & BY-Laws**

**ARTICLE V LIMITATION OF CORPORATE POWERS**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

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

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

Oscar Ochotorena  
4648 SW 74 AVE MIAMI, FL  
33155

**ARTICLE VII INCORPORATORS**

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

Oscar Ochotorena  
4648 SW 74 AVE MIAMI FL 33155

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
26 day of APRIL, 19 99.

Signature(s) of the Incorporator(s)



OSCAR OCHOTORENA

Typed name of incorporator signing

Typed name of incorporator signing

Typed name of incorporator signing

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: ALIANZA DE TRABAJADORES DE LA COMUNIDAD  
4648 S.W. 74 AVENUE, MIAMI, Florida, 33155 *Oscar Ochotorena*

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

4648 S.W. 74th AVENUE MIAMI, FLORIDA, 33155

(NAME)

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33155

(CITY/STATE/ZIP)

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 *Oscar Ochotorena*

DATE 4/26/99

99 APR 28 PM 1:51  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REGISTERED AGENT FILING FEE: \$35.00