

N99000003403

TRANSMITTAL LETTER

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

200002883592--2
-05/24/99-01052--006
*****87.50 *****87.50

English
SUBJECT: ASOCIACION DE INVENTORES DE BAJOS RECURSOS
(Proposed corporate name - must include suffix)
Translation: Low Income Investors Association, Inc.

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

FROM: ANA D. LEDEA
Name (Printed or typed)

1919 SW 6 Street
Address

MIAMI, FL 33135
City, State & Zip

(305) 644-5864
Daytime Telephone number

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

FILED
JUN -3 PM 1:34
TALLAHASSEE, FLORIDA

CB
4/3/99
M



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 27, 1999

ANA D. LEDEA
1919 S.W. 6 STREET
MIAMI, FL 33135

SUBJECT: ASOCIACION DE INVENTORES DE BAJOS RECURSOS
Ref. Number: W99000012393

We have received your document for ASOCIACION DE INVENTORES DE BAJOS RECURSOS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

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.

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) 487-6930.

Carolyn Batten
Document Specialist

Letter Number: 999A00029226

ARTICLES OF INCORPORATION

FILED
99 JUN -3 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

ASOCIACION DE INVENTORES DE BAJOS RECURSOS, INC.
ENGLISH TRANSLATION -> (LOW INCOME INVESTORS ASSOCIATION, INC.)

ARTICLE II PRINCIPAL OFFICE

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

1919 SW 6 STREET, Miami, FL 33135
(305) 644-5864

ARTICLE III PURPOSE(S)

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

THE ASSOCIATION WILL HELP PEOPLE WITH LOW INCOME WHO HAVE INVENTIONS TO PATENT THOSE INVENTIONS.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

DIRECTORS WILL BE APPOINTED EVERY YEAR. AS STATED IN THE BYLAWS.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ANA D. LEDEA PHONE No. (305) 644-5864
1919 SW 6 STREET
MIAMI, FL 33135

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

ANA D. LEDEA
1919 SW 6 STREET, MIAMI FL 33135
PHONE No. (305) 644-5864.
 5-20-1999

Signature/Incorporator

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

5-20-1999

Date