

P03000098328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

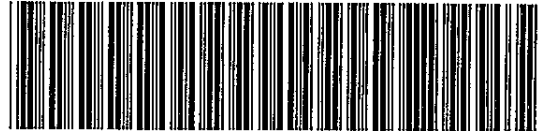
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

CB 9-9
6022428

TRANSMITTAL LETTER

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

MIAMI CHARTER INITIATIVE, INC.

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: _____
Miami Charter Initiative, Inc.
Name (Printed or typed)

1500 San Remo Avenue Suite 170

Address

Coral Gables, Florida 33146

City, State & Zip

305-668-2200 Or 305-362-0400

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 29, 2003

MIAMI CHARTER INITIATIVE, INC.
1500 SAN REMO AVE STE 170
CORAL GABLES, FL 33146

SUBJECT: MIAMI CHARTER INITIATIVE, INC.
Ref. Number: W03000024799

We have received your document for MIAMI CHARTER INITIATIVE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filings Section

Letter Number: 603A00048785

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Miami Charter Initiative, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1500 San Remo Avenue, Suite 170
Coral Gables, Florida 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Educational

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Luis Machado P.O. Box 520682 Miami, Florida 33152-0682 (President)
Joaquin Avino 1500 San Remo Ave. Suite 170
Coral Gables, DL. 33146 (Secretary)

ARTICLE VI REGISTERED AGENT

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

Luis Machado
10273 NW 80th Court Suite 102
Hialeah Gardens, Florida 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Junarda Gonzalez Benitez
10273 NW 80th Court Suite 102
Hialeah Gardens, Florida 33016

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

FILED
03 SEP -9 PM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 21, 2003

Date

August 21, 2003

Date