

P160000023359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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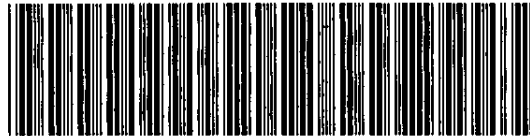
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 3/15

## COVER LETTER

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

**SUBJECT:** Edu-Givers, Inc.

**(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Edu-Givers, Inc.

\_\_\_\_\_  
Name (Printed or typed)

600 Biltmore Way, #301

\_\_\_\_\_  
Address

Coral Gables, Florida 33134

\_\_\_\_\_  
City, State & Zip

305-505-0699

\_\_\_\_\_  
Daytime Telephone number

nolagdq@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

## ARTICLES OF INCORPORATION

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

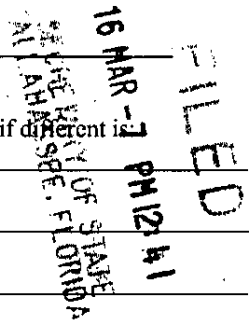
### ARTICLE I NAME

The name of the corporation shall be: Edu-Givers, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
600 Biltmore Way, #301  
Coral Gables, Florida 33134

Mailing address, if different is: same



### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a philanthropic organization supporting young people in arts and science

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nola Garcia de Quevedo, President

Address: 600 Biltmore Way, #301  
Coral Gables, Florida 33134

Name and Title: Alina Trueba, Vice-President

Address: 600 Biltmore Way, #301  
Coral Gables, Florida 33134

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Alina Trueba

Address: 600 Biltmore Way, #301

Coral Gables, Florida 33134

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16 MAR - 7 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Alina Trueba

Address: 600 Biltmore Way, #301

Coral Gables, Florida 33134

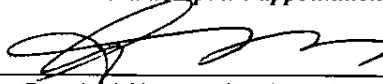
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: March 1, 2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

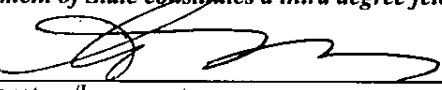
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent Alina Trueba

3/1/16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator Alina Trueba

3/1/16  
Date