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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

~~HUMANE MINORITY CENTER II CORP.~~  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

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☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input 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 checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

99 FEB -4 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

99 FEB -3 AM 11:18  
DIVISION OF CORPORATION  
RECEIVED

Examiner's Initials



RECEIVED

FLORIDA DEPARTMENT OF STATE 13

Katherine Harris

Secretary of State

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

February 3, 1999

LAZARUS

MIAMI, FL

SUBJECT: HUMANE MINORITY CENTER II CORP.  
Ref. Number: W99000002751

We have received your document for HUMANE MINORITY CENTER II CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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: 899A00004781

**ARTICLES OF INCORPORATION**

**OF**

**HUMANE MINORITY CENTER GROUP CORP.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation shall be:

**HUMANE MINORITY CENTER GROUP CORP.**

**ARTICLE II: PRINCIPAL OFFICE**

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

**31 A EAST 44th ST HIALEAH FL. 33013**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**100 SHARES OF \$5.00 EACH (\$500.00)**

**ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS**

The name and address of the initial registered agent is:

**REINALDO PEDRAZA 5090 E 8th CT HIALEAH FL. 33013**

**ARTICLE V: INCORPORATOR(S)**

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

**REINALDO PEDRAZA 5090 E 8th CT HIALEAH FL. 33013**

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TALLAHASSEE FLORIDA

99 FEB -4 PM 3:37

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**ARTICLE VI: DIRECTOR(S)**

The name(s) of the director (s) in this corporation is (are):

REINALDO PEDRAZA - PRESIDENT-D

The undersigned has (have) executed these Articles of Incorporation  
this 29st Day of Jan, 1999.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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

Pursuant to the provisions of Section 607.325, 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:

HUMANE MINORITY CENTER GROUP CORP.

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

REINALDO PEDRAZA  
5090 E 8th CT  
HIALEAH FL. 33013

SIGNED:   
(Corporate Officer)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: 

DATE: \_\_\_\_\_

REGISTERED AGENT FILING FEE: \$20.00

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