

N16000007040

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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*1/1*

# COVER LETTER

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

**SUBJECT:** VERA CRUZ CAPEVERDEAN COMMUNITY CENTER (VCCCC) INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Peter Vieira  
\_\_\_\_\_  
Name (Printed or typed)

1825 Wimbledon Street  
\_\_\_\_\_  
Address

Kissimmee, FL 34743  
\_\_\_\_\_  
City, State & Zip

321-520-0282  
\_\_\_\_\_  
Daytime Telephone number

pctervicira983@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2016

PETER VIEIRA \*\*\*2ND ML  
1026 PLAZA DRIVE  
KISSIMMEE, FL 34743

SUBJECT: VERA CRUZ CAPEVERDEAN COMMUNITY CENTER (VCCCC)  
INC.

Ref. Number: W16000044307

We have received your document for VERA CRUZ CAPEVERDEAN COMMUNITY CENTER (VCCCC) INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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 corrected 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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 416A00013053

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**, VERA CRUZ CAPEVERDEAN COMMUNITY CENTER INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address: \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
1026 Plaza Drive \_\_\_\_\_  
Kissimmee, FL 34743 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To assist the members of the CapeVerdean community in coming together and share their wonderful culture. We will provide this facility to promote cultural awareness, educate members and help enhance awareness about available resources, for all CapeVerdeans in Central Florida and beyond.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: by voting, members VOTE.  
\_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Peter Vieira, President</u>	Name and Title:	_____
Address	<u>1825 Wimbleton Street</u> <u>Kissimmee, FL 34744</u>	Address:	_____ _____ _____
Name and Title:	<u>Jaime T Delgado, Vice President</u>	Name and Title:	_____
Address	<u>2129 RJ Circle</u> <u>Kissimmee, FL 34744</u>	Address:	_____ _____ _____
Name and Title:	<u>Miguel Almeida, TREASURE</u>	Name and Title:	_____
Address	<u>2299 East Irlo Bronson Memorial</u> <u>Highway Appt. 511</u> <u>Kissimmee, FL 34744</u>	Address:	_____ _____ _____

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TALLAHASSEE FLORIDA

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

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

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

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

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**ARTICLE VI REGISTERED AGENT**

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

Name: Peter Vieira  
Address: 1825 Wimbleton Street  
Kissimmee, FL 34743

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Vera Cruz Capeverdean Community Center  
Address: 1026 Plaza Drive  
Kissimmee, FL 34743

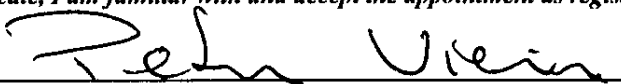
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.)**

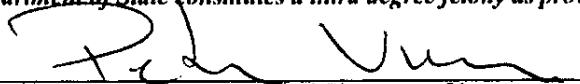
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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 of Registered Agent

6-6-16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

6-6-16  
Date