

11/12/2020

Division of Corporations

(H20000424330 3)

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Florida Department of State  
Division of Corporations  
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H200004243303ABCS

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : ISAMAR TORRES  
Account Number : 120200000137  
Phone : (786)660-0108  
Fax Number : (305)503-7123

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: onestopsolutionsfl@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
GENTE DE MIRANDA CO**

Certificate of Status	0
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Page Count	01
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Derrick Thompson

1/8/21

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December 14, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ISAMAR TORRES

SUBJECT: GENTE DE MIRANDA CO  
REF: W20000141954

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. This word 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 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.

Jessica A Fason  
Regulatory Specialist IIFAX Aud. #: H20000424330  
Letter Number: 020A00025172

P.O BOX 6327 - Tallahassee, Florida 32314

(H20000424330 3)

### COVER LETTER

(H20000424330 3)

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

21  
11

**SUBJECT:** GENTE DE MIRANDA CCRP  
(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:** RAFAEL ANGEL OLIVEROS SEGOVIA  
Name (Printed or typed)

9830 ALTIS.CIRCLE EAST APT 12305  
Address

HALEAH, FLORIDA, 33018  
City, State & Zip

646-932-4841  
Daytime Telephone number

ONESTOPSOLUTIONSFL@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

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**ARTICLES OF INCORPORATION** (H200004243303)  
 In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: GENTE DE MIRANDA CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address:	Mailing address, if different is:
<u>9830 ALTIS CIRCLE EAST</u>	<u>9830 ALTIS CIRCLE EAST</u>
<u>APT 12305</u>	<u>APT 12305</u>
<u>HIALEAH, FLORIDA, 33018</u>	<u>HIALEAH, FLORIDA, 33018</u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CLOTH DONATIONS, FOOD DONATIONS, MONETARY DONATIONES.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

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

Name and Title:	<u>P. PEDRO ANTONIO ALMEIDA V.</u>	Name and Title:	<u>VP. MARIO FRAZZANI II.</u>
Address	<u>9830 ALTIS CIR E APT 12305</u> <u>HIALEAH, FLORIDA, 33018</u>	Address:	<u>9830 ALTIS CIR E APT 12305</u> <u>HIALEAH, FLORIDA, 33018</u>
Name and Title:	<u>MG. RAFAEL ANGEL OLIVEROS</u>	Name and Title:	<u>NONE</u>
Address	<u>9830 ALTIS CIR E APT 12305</u> <u>HIALEAH, FLORIDA, 33018</u>	Address:	<u>NONE</u> <u>NONE</u>
Name and Title:	<u>NONE</u>	Name and Title:	<u>NONE</u>
Address	<u>NONE</u> <u>NONE</u> <u>NONE</u>	Address:	<u>NONE</u> <u>NONE</u> <u>NONE</u>

21 Jan 2021 10:00 AM

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Name and Title:	<u>NONE</u>	Name and Title:	<u>NONE</u>
Address:	<u>NONE</u>	Address:	<u>NONE</u>
	<u>NONE</u>		<u>NONE</u>
	<u>NONE</u>		<u>NONE</u>
Name and Title:	<u>NONE</u>	Name and Title:	<u>NONE</u>
Address:	<u>NONE</u>	Address:	<u>NONE</u>
	<u>NONE</u>		<u>NONE</u>
	<u>NONE</u>		<u>NONE</u>

21 JAN 11 10:05 AM

**ARTICLE VI REGISTERED AGENT**

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

Name: ISAMAR TORRES

Address: 4167 NW 135TH ST  
OPA LOCKA, FLORIDA, 33054

**ARTICLE VII INCORPORATOR**

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

Name: RAFAEL ANGEL OLIVEROS

Address: 9830 ALTIS CIR E APT 12305  
HALEAH, FLORIDA, 33018

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/11/2020, (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Isamar Torres 12/11/2020  
 Required Signature of Registered Agent 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.*

Rafael Angel Oliveros Segovia 12/11/2020  
 Required Signature of Incorporator Date