

NO6000012667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

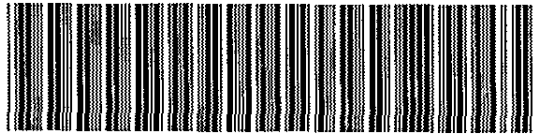
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/13/06--01004--001 \*\*87.50

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
**FILED**  
06 DEC 12 PM 2:56

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
**RECEIVED**  
06 DEC 12 PM 2:44

DEC 12 2006

**COVER LETTER**

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

SUBJECT: HUMAN CRISIS SERVICES  
(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**

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

06 DEC 12 PM 2:56

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FROM: JOSE L. DATUON  
Name (Printed or typed)

5514 Edgewater Dr. (Mailing Address)  
Address

Orlando, FL 32810  
City, State & Zip

(407) 521-7750  
(407) 446-4081  
Daytime Telephone number

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

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

**ARTICLE I NAME**

The name of the corporation shall be:

*HUMAN CRISIS SERVICES, INC.*

**ARTICLE II PRINCIPAL OFFICE**

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

*5514 Edgewater DR.  
Orlando, FL 32810*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To assist the poor, needy and homeless people, also to assist in time of disaster to help worthy mission project or needs.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*Annually*

*elected by board*

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

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

*JOSE L. DATU-ON  
DAVEY GOZO  
Adam ERICSON  
James Broughton  
Nathan MARTIN*

*5514 Edgewater Dr  
Orlando, FL 32810*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

*JOSE L. DATU-ON  
8003 Applehill COURT  
Orlando, FL 32810*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*JOSE L. DATU-ON  
5514 Edgewater DR, Orlando, FL 32810*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**

\*\*\*\*\*

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]*  
\_\_\_\_\_  
Signature/Registered Agent

*12/12/06*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*12/12/06*  
\_\_\_\_\_  
Date

*Effective Date 01-01-07*  
\_\_\_\_\_