

N11000005265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

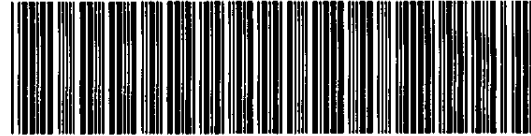
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Mabel's Charity, 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: Anthony GARCES
Name (Printed or typed)

419 Bonifay Ave.
Address

Orlando, FL 32825
City, State & Zip

305.389.6905
Daytime Telephone number

Anthony GARCES@Rocketmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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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:

Mabel's charity, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

419 Bonifay Ave
Orlando, FL 32825

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help Families in Need, thru
Benevolent Giving of Food, clothing AND Bibles.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

AS PROVIDED FOR IN THE BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY GARCES Director
Address: 419 Bonifay Ave
Orlando, Florida
32825

Name and Title: MARIA Puentes-Director
Address: 419 Bonifay Ave
Orlando, Florida
32825

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ANTHONY GARCES
Address: 419 Bonifay Ave.
Orlando, Florida
32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANTHONY GARCES
Address: 419 Bonifay Ave.
Orlando, Florida
32825

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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

5.21.11

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

5.21.11

Date