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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/14

COVER LETTER

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

SUBJECT: HIS SONS AND DAUGHTERS, CORP
(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: LEYDY LOPEZ
Name (Printed or typed)

12548 SW 144 TERRACE
Address

MIAMI,FL 33186
City, State & Zip

305-233-0410
Daytime Telephone number

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

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: HIS SONS AND DAUGHTERS, CORP

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
14331 SW 120 ST
SUITE 211
MIAMI,FL 33186

Mailing address, if different is:
12548 SW 144 TERRACE
MIAMI,FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The main purpose is to raised money to help feed the orphan and the homeless.

I will get a truck and deliver the goods from My Company Vaitaire Enterprises, corp to all the orphans nation wide.

I am currently helping HIS HOUSE and will continue doing it.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: President will elect the directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEYDY LOPEZ -President
Address: 12548 sw 144 terrace, Miami, FL 33186

Name and Title: VAITAIRE GOICOCHEA-VicePresident
Address: 12548 sw 144 terrace, Miami,FL 33186

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: LEYDY LOPEZ

Address: 12548 SW 144 TERRACE

MIAMI,FL 33186

ARTICLE VII INCORPORATOR

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

Name: LEYDY LOPEZ

Address: 12548 SW 144 TERRACE

MIAMI,FL 33186

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 — Date: 05-04-13

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 — Date: 05-04-13