

N13000005451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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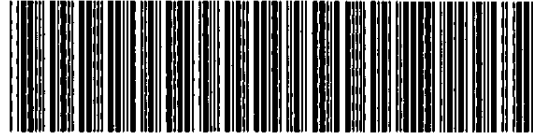
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
STATE OF FLORIDA

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**COVER LETTER**

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

**SUBJECT:** INTERNATIONAL HEALTH AND CULTURAL DEVELOPMENT CENTER 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: DORA MILORD  
Name (Printed or typed)

5924 ITHACA CIRCLE WEST  
Address

LAKE WORTH, FL 33463  
City, State & Zip

561-704-9185  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

RECEIVED  
DIVISION OF STATE  
AFFAIRS  
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:

INTERNATIONAL HEALTH AND CULTURAL DEVELOPMENT CENTER INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address Mailing address, if different is:

5924 ITHACA CIRCLE WEST, LAKE WORTH, FL 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO DEVELOP AND IMPLIMENT PROGRAMS THAT WILL EDUCATE BOTH WOMEN AND CHILDREN WHO ARE OF LOW-VERY LOW INCOME HOUSEHOLDS. THE PROGRAM COMPONENTS WILL CONSIST OF READING AND MATH ACADEMICS, PROVIDING BASIC HEALTH CARE SERVICES, SPORTS ACADEMICS AND LIFE SKILLS TRAINING THAT WILL BE GEARED TOWARDS BECOMING ECONOMICALLY SELF-RELIANT.

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

THE BOARD OF DIRECTORS WILL BE SELECTED BY THE INCORPORATOR AND THERE-AFTER THROUGH A QUORUM VOTE OF THE APPOINTED BOARD OF DIRECTORS

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

Name and Title: Address: Address:

- DORA MILORD- PRESIDENT, 5924 ITHACA CIRCLE WEST, FL 33463
- DELVAR BENJAMIN-VICE PRESIDENT, 216 LAKE ARBOR DRIVE, PALM SPRINGS, FL 33461
- HARLEY MILORD- TREASURER, 5880 TRIPHAMMER ROAD, LAKE WORTH, FL 33463
- NERLINE DOR- SECRETARY, 1936 NW 75TH WAY, HOLLYWOOD, FL 33024
- RODOLPH MOMPREMIER- BUSINESS LIASON, 5924 ITHACA CIRCLE WEST, LAKE WORTH, FL 33463

**ARTICLE VI REGISTERED AGENT**

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

Name: DORA MILORD  
Address: 5924 ITHACA CIRCLE WEST, LAKE WORTH, FL 33463

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DORA MILORD  
Address: 5924 ITHACA CIRCLE WEST, LAKE WORTH, FL 33463

**ARTICLE VIII DISSOLUTION**

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES INCLUDING, FOR SUCH PURPOSES, THE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
5150

MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501 ( C ) ( 3 ) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

UPON THE DISSOLUTION OF THE CORPORATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501 ( C ) ( 3 ) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT SO DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE CORPORATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PRUPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES

*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*

DMilord 06/06/13  
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.*

DMilord 06/06/13  
Required Signature

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA