

N 15000009679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

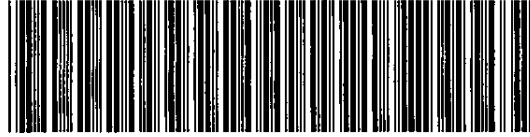
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 SEP 28 PM 12:00
SECRETARY OF STATE
MONTGOMERY ALABAMA

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COVER LETTER

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

SUBJECT: Waking Up Hearts, 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: Marisela Leon Unda

Name (Printed or typed)

2700 Glades Circle Suite 128

Address

Weston, FL 33327

City, State & Zip

754-246-3349

Daytime Telephone number

WAKINGUPHEARTS@GMAIL.COM
~~marisela.onda@wakeuphearts.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: Waking Up Hearts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2700 Glades Circle Suite 128

Mailing address, if different is:

Weston, FL 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to create opportunities for persons with disabilities by providing educational and physical activities that equip people with the tools to succeed.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marisela Leon Unda, President

Name and Title: _____

Address: 2700 Glades Circle Suite 128

Address: _____

Weston, FL 33327

Name and Title: Hector J Paradisi, Secretary

Name and Title: _____

Address: 2700 Glades Circle Suite 128

Address: _____

Weston, FL 33327

Name and Title: Maria Beatriz Alfaro, Treasurer

Name and Title: _____

Address: 2700 Glades Circle Suite 128

Address: _____

Weston, FL 33327

15 SEP 28 PM 12:00
SECRETARY
MARISELA LEON UNDA

1150

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Marisela Leon Unda
Address: 2700 Glades Circle Suite 128
Weston, FL 33327

15 SEP 29 PM 12:00
SECRETARY OF STATE
ALL AGENCIES
Tallahassee, Florida

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marisela Leon Unda
Address: 2700 Glades Circle Suite 128
Weston, FL 33327

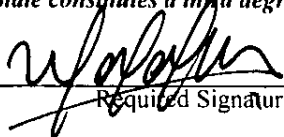
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

9/17/15
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

9/17/15
Date

