

N 2000000 12854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

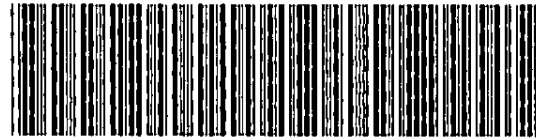
(Document Number)

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

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11/17/20*



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## COVER LETTER

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

**SUBJECT:** Salvation Shipping, 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:** Asefi Herard  
\_\_\_\_\_  
Name (Printed or typed)

10 NE 162nd St  
\_\_\_\_\_  
Address

North Miami Beach, FL33162  
\_\_\_\_\_  
City, State & Zip

786-320-2693  
\_\_\_\_\_  
Daytime Telephone number

assefi.blaise@yahoo.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: SALVATION SHIPPING, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address: <u>10 NE 162nd St</u> <u>North Miami Beach</u> <u>FL 33162</u>	Mailing address, if different is: _____ _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
Dedicated to improving the lives of needy people and families in Haiti;exclusively for charitable,educational,and health purposes.

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

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

Name and Title: <u>Assefi Herard President</u> Address: <u>10 NE 162nd St</u> <u>North Miami Beach</u> <u>FL33162</u>	Name and Title: _____ Address: _____ _____
Name and Title: <u>Zachary Dolce Vice-President</u> Address: <u>10 NE 162nd St</u> <u>North Miami Beach</u> <u>FL33162</u>	Name and Title: _____ Address: _____ _____
Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____

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- Article III: The specific purpose or purposes for which the corporation is organized. **A general statement of “any and all lawful business” will not be sufficient.**
- Article IV: The manner in which the Directors are elected or appointed.
- Article V: The names, address and titles of the Directors/Officers (**optional**) When naming Directors, 3 must be listed. The names of officers/directors may be required to apply for a license, open a bank account, etc.
- Article VI: The name and **Florida street address** (P.O. Box **NOT** acceptable) of the initial Registered Agent. The Registered Agent **must** sign in the space provided and type or print his/her name below signature accepting the designation as Registered Agent.
- Article VII: The name and address of the Incorporator. The Incorporator **must** sign in the space provided and type or print his/her name below signature.

The “incorporator” is the person who prepares and signs the Articles of Incorporation and then submits them for filing to the Division of Corporations. The function of the incorporator usually ends after the corporation is filed.

**An Effective Date:** Add a **separate article if applicable or necessary:** An effective date **may** be added to the Articles of Incorporation, otherwise the date of receipt will be the file date. (An effective date can not be more than five (5) business days prior to the date of receipt or ninety (90) days after the date of filing).

**Important Information About the Requirement to File an Annual Report**

All Florida Not- For-Profit Corporations must file an Annual Report yearly to maintain “active” status. The first report is due in the year **following** formation. The report must be filed electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is \$61.25. “Annual Report Reminder Notices” are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1<sup>st</sup>, go to our website at [www.sunbiz.org](http://www.sunbiz.org).

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**The fee for filing a not for profit corporation is:**

Filing Fee	\$35.00
Designation of Registered Agent	\$35.00
Certified Copy (optional)	\$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50).
Certificate of Status (optional)	\$8.75

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(Make checks payable to Department of State)

**Mailing Address:**  
 Department of State  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314  
 (850) 245-6052

**Street Address:**  
 Department of State  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301  
 (850) 245-6052

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: Assefi Herard

Address: 10 NE 162nd Street

North Miami Beach, FL33162

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Assefi Herard

Address: 10 NE 162nd Street

North Miami Beach, FL33162


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/22/2020  
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

10/22/2020  
Date