

# N11000003635

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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 TALLAHASSEE, FLORIDA

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## FLORIDA PROFIT/NON PROFIT CORPORATION

ali and fatema munju foundation, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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 4/8/2011

②

ARTICLES OF INCORPORATION  
in compliance with Chapter 617, F.S., (Not for Profit)

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**ARTICLE I NAME**

The name of the corporation shall be:

ALI AND FATEMA MUNJU FOUNDATION, INC.

APR -8 AM 10: 52

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7700 N.W. 23 STREET

PEMBROKE PINES, FL 33024

SECRETARY OF STATE  
MAILING ADDRESS, IF DIFFERENT IS:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

assisting families in financial need, medical care or schooling and for any and all other legal purposes.

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

IS AS SET FORTH IN THE BY-LAWS.

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

Name and Title: ALI MUNJU

Address: 7700 N.W. 23 Street

Pembroke Pines, FL 33024

Name and Title:

Address:

Name and Title: FATEMA MUNJU

Address: 7700 N.W. 23 Street

Pembroke Pines, FL 33024

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: Darvi S. Schreiber, Esquire

Address: 5600 Sheridan Street

Hollywood, FL 33021

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALI MUNJU

Address: 7700 N.W. 23 Street

Pembroke Pines, FL 33024

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

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 2.817.155, F.S.

Required Signature of Incorporator

Date

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