## N12000005997

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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06/15/12--01008--004 \*\*87.50



J. Shivers JUN 18 2012

## **COVER LETTER**

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

SUBJECT: HSG Foundation Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)								
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)								
Enclosed is an original	and one (1) copy of the Artic	eles of Incorporation and	d a check for:					
☐\$70.00	\$78.75	\$78.75	<b>□</b> \$87.50					
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee,					
		ADDITIONAL CO	OPY REQUIRED					
FROM: Tori Kim Giang Name (Printed or typed)								
5841 Taylor St.								
Hollywood F. ( 33021 City, State & Zip								
(305) 942-7220 Daytime Telephone number								
	Daytime Te	iepnone number						

NOTE: Please provide the original and one copy of the articles.

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

The name of the	<b>NAME</b> corporation shall be:	itsG	foundation	Inc.	
ARTICLE II	PRINCIPAL OF	l street address	57. . 3302	- - -	Mailing address, if different is:
ARTICLE III The purpose for Special Modific The organ ARTICLE IV Office (5) President	purpose which the corporation so needs cotions + Coopera MANNER OF E or direct	is organized in or how	is: to ass undicap re their with a The manner in wh cell be ag	eped cliving then ich the directors appointe the pur	children with either sprunters a ceessible foundations, organizations are elected and appointed: and charitate the owner vendo thought to appoint amostic cotor whenever necessary
Name and Address:	Title: Jeri K Sgyl J Hollywa	CERS AND/O im Grid and for ord F. O	SF 3302	Name and Title Address:	ctor whomever necessary
Name and Address:	Title: <u>Sown</u>	e Per	5 on 1	Name and Title Address:	
Name and Address:	Title: <u>Samo</u>	Pers		Name and Title Address:	
ARTICLE VI The name and F Name: Address:	REGISTERED	(P.O. Box NOT	Tacceptable) of the	e registered age	nt is:
ARTICLE VII The name and a Name: Address:	INCORPORATO ddress of the Incorpor 10() 5841 He //y	<del></del>	Tiang 54. FL 330	21_	PIL SECRETARY OF ALLAHASSEE, FL
					stated corporation at the place designated in this e to act in this capacity
	Required Si	gnature of Regi	istered Agent		6-11-12 Date
	rument and affirm tha nt of State constitutes o				at any false information submitted in a document 5, F.S.
	Requir	ed Signature o	f-Incorporator	•	Date