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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| (Locument Namber) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
TALLAHASSEE FI ORD

O O'KEEFE OCT 2.2 2019

COVER LETTER

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

| SUBJECT: | ()asis | Family | Outreach, Inc. | |
|----------|--------|----------------|----------------------------------|--|
| - | | PROPOSED CORPO | RATE NAME – MUST INCLUDE SUFFIX) | |

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00 \$\sum_{878.75}\$ \$\sum_{\$87.50}\$ \$\sum_{\$Filing Fee}\$ \$\sum_{\$Certificate}\$ \$

ADDITIONAL COPY REQUIRED

FROM: David Garcia
Name (Printed or typed)

801 Lakeview Circle
Address

Royal Palm Beach, FL 33411
City, State & Zip

305-907-4168

Daytime Telephone number

E-mail address: (to be used for filture 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)

| The name of the corporation shall be: OOSIS FO | amily Outreach, Inc. |
|--|--|
| ARTICLE II PRINCIPAL OFFICE | • |
| Principal <u>street</u> address: 801 Lakeview Circle | Mailing address, if different is: |
| Royal Palm Beach, F | <u>. </u> |
| 33411 | |
| | o benefit the community in Belle Glade, charitable within the meaning of |
| <u> </u> | Hernal Revenue Code of 1986 (or the |
| | future United States Revenue (aw) including |
| but not limited to the relief | of those in need, by reason of youth, |
| and to connect families in n | financial hardship or other disadvantage red to resources of relief. |
| at the annual meeting of its directors shall determine. ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | members in such manner as the Board of tors |
| Name and Title: David Garcia, President | Name and Title: Kenfis Tormes-Garcia |
| | Address: Secretary |
| Royal Palm Beach, FL | 801 Lakeview Circle |
| 33411 | 801 Lakeview Circle Royal Palm Beach, Fl 33411 |
| | Ye Name and Title: |
| Address 12878 77th PLN | Address: |
| West Palm Beach, FL | 19 A.C. |
| 33412 | AHA AHA |
| Name and Title: | Name and Title: |
| Address | Address: |
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| Name and Title: | Name and Title: | | | |
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| Address | Address: | | | |
| | | | | |
| Name and Title: | Name and Title: | | | |
| Address | | | | |
| | | | | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo | ox NOT acceptable) of the registered agent is: | 19 : 141: | | |
| | David Garcia | | | |
| Address: 801 Lakeview | Circle | -8 F | | |
| Royal Palm | Circle Beach, Fl. 33411 | PR 4: 1 | | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | | Dr. F | | |
| Name: Kenfis Torm | es-Garcia | | | |
| Address: 801 Lakevi | en Circle | | | |
| Royal Palm | en Circle Beach, Fr. 33411 | | | |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be | 9/30/19 . (OPTIONAL) be specific and cannot be more than five days prior or | r 90 days after the filing.) | | |
| Note: If the date inserted in this block does not document's effective date on the Department of | of meet the applicable statutory filing requirements, this of State's records. | date will not be listed as the | | |
| | cept service of process for the above stated corporation oppointment as registered agent and agree to act in this co | apacity / | | |
| David Garcia Required Signature | of Registered Agent | 9/30/19 Date | | |
| | ts stated herein are true. I am aware that any false infor | rmation submitted in a documen | | |
| to the Department of State constitutes a third d | egree jeiony as provided for in 8.817.155, F.S. | 9/30/10 | | |
| Kenfis Tormes-Garcia Required Signal | ture of incorporator | 9/30/19 Date | | |