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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346FLORIDA NON-PROFIT CORPORATION
HATO MAYOR CHARITY FUNDATION S.D., INC.

Certificate of Status	0
Certified Copy	1
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CB 9-13



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 12, 2002

FAS-T CORP. AGENTS

SUBJECT: HATO MAYOR CHARITY FOUNDATION S.D., INC.
REF: W02000026479

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

If you have any further questions concerning your document, please call (850) 245-6972.

Doris Brown
Document Specialist
New Filings Section

FAX Aud. #: H02000195383
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ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the corporation shall be:

HATO MAYOR CHARITY FOUNDATION S.D., INC.**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**16274 SW 9TH STREET
PEMBROKE PINES, FL 33027****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**THE PURPOSE FOR THIS CORPORATION IS TO COLLEC FUNDS
FOR POOR PEOPLE OF SANTO DOMINGO, REPUBLICA DOMINICANA.****ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

**THE MANNER OF THE ELECTION WILL BE STATED IN THE MINUTES
AND BY LAWS OF THE CORPORATION.****ARTICLE V INITIAL DIRECTORS/OFFICERS**

The name(s), address(es) and title(s):

**SERVIO F. POLONIO
Director/Agent
16274 SW 9TH STREET
Pembroke Pines, Fl 33027****RAMONA POLONIO
Director
16274 SW 9TH STREET
P. Pines, Fl 33027****CARLOS F. POLONIO
Director
970 ORIOLE AVE
M. Spring, Fl 33166****ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**The name and Florida street address of the registered agent is:**SERVIO F. POLONIO
16274 SW 9TH STREET
Pembroke Pines, Fl 33027****ARTICLE VII INCORPORATOR**The name and address of the incorporator is:**SERVIO F. POLONIO
16274 SW 9TH STREET
Pembroke Pines, Fl 33027****RAMONA POLONIO
16274 SW 9TH STREET
P. Pines, Fl 33027****CARLOS F. POLONIO
970 ORIOLE AVE
M. Spring, Fl 33166**

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.



Signature/Registered Agent

09-11-02
Date



Signature/Incorporator

09-11-02
Date



Signature/Incorporator

09-11-02
Date