# N04000006326

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
·		$\mathcal{Y}$		

Office Use Only



000036908070

UNIVERSE PROPERTY OF ANY CONTRACTOR

04 JUN 25 ET 1: 13



		,	1
LAZARUS CORPORATE FIL	ING SERVICE	,	
3320 S.W. 87 AVENUE			
MIAMI, FLORIDA (305)552-5973			
	······································		
•	<del></del>		
	- I	OFFICE USE ONLY	
CORPORATION NAME(s) & I	OCUMENT NUM!	BER(S) (if known):	
1. WE HELP TH	ENEIGH.	BORS, INC.	
(Corporation Name)	C 1, C/ 011	(Document #)	1
2. (Corporation Name)		(Document #)	
3.		(Document # )	
(Corporation Name)		(Document #)	<del></del>
4. (Corporation Name)		(Document #)	
Walk in Pick up time	2.00	Certified Copy	•
Mail out Will wait	Photocopy	Certificate of Status	
			02 CEN
NEW FILINGS	AMENDME	NTS	SEC:
Profit	Amendment	2110	N)
NonProfit		A., Officer/Director	-
Limited Liability	Change of Registe	·	<del></del>
Domestication	Dissolution/Withd		·
Other	Merger		•
<u> </u>	<u></u>		•
OTHER FILNGS	REGISTRATION QUALIFICATION	N/ N	
Annual Report	Foreign		
Fictitious Name	Limited Partnersh	ip	
Name Reservation	Reinstatement		
	Trademark		
	Other		7 10: 10

Examiner's Initials

JUN-16-04 WED 12:06 PM

# ARTICLES OF INCORPORATION

FAX: 3052201440

#### **FOR**

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

#### ARTICLE I NAME:

The name of the corporation shall be:

WE HELP THE NEIGHBORS, INC.

## ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

2501 W 80th St #9, Hialeah, FL. 33016

#### ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

A Private Non-Profit Organization which provides free medical care to needy obese patients and free counseling to Women in difficult Financial situation without regard to race, creed or National Origin, provided thath they have established legal residence in the State of Florida.

### ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

The manner in which the directors are elected or appointed is as follows:

By the Bylaws.

#### ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided the section 617.030?, Florida Statutes, unless limited as follows:

#### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

MARTHA E. PINO 2501 West 80th Street, #9, Hialeah, FL. 33016

### ARTICLE VII DIRECTORS (must have the minimum of three directors): NAME AND ADDRESS

MARTHA E. PINO- PRESIDENT 2501 W 80th St. #9, Hialeah, FL. 33016 VIANCA P. AGUILAR- VICE PRESIDENT 2501 W 80th St. #9, Hialeah, FL. 33016 CARIDAD M. ROJAS- DIRECTOR 2501 W 80th St. #9, Hialeah, FL. 33016

#### ARTICLE VIII INCORPORATOR

The name and street address of the incorporator for these Article of Incorporator is:

MARTHA E. PINO 2501 West 80th Street, #9, Hialeah, FL. 33016

The undersigned incorporator has executed these Articles of Incorporation this 16 day of June , 2004

sianature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is: WE HELP THE NEIGHBORS, INC. 2501 W 80th St #9, Hialeah, FL. 33016	
2.	The name and address of the registered agent and office is:	
	MARTHA E. PINO  (NAME)  2501 W 80th St. #9	
	(P.O. BÓX <u>NOT</u> ACCEPTABLE)	NOF 70 Systam
	Hialeah, FL. 33016	M 25
	(CITY/STATE/ZIP)	7

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-TIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE