N05000002844

(Requestor's Name)
(Address)
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(City/Chata Fin/Chana 46)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

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

SUBJECT:	TOAST		HumANITY	
_	(PROPO	SED COI	RPORATE NAME – MUST INCLUDE SUFFIX)	_

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

\$70.00 \Bigsip \$78.75 \Bigsip \$\frac{1}{2}\$\$ Filing Fee & Filing Certificate of Status

□\$78.75 □ \$87.50
Filing Fee Filing Fee,
& Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: BONNIE FAITH SKOP

Name (Printed or typed)

5222 Majorch Chub DRIVE

Address

BOCA RATON FLORIDA 33486

City, State & Zip

(561) 347-0378

Daytime Telephone 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)

or complete that chapter of 1,1 is, (Not for 101110111)
ARTICLE I NAME
TOAST TO HUMANITY INTERNATIONAL, INC.
TOAST TO HUMANITY INTERNATIONAL JAKE
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
•
5222 MAJORCA Chilb DRIVE, BOCA RATON, FL 33486
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
MARKETING, PROMOTIONS AND FUNDRAISING
ADTICLE IV. MANIED OF BURGINA
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:
By YOTE
ADMICT D. T. THURSAI, DEPOCACO C. AND CO. CONTINUE.
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s):
BONNIE SKOP, PRESIDENT/CO-CREATOR
5222 MAJORCA CLUB DRIVE
DATEN FINATION 33486
DOCA RATON, I RORTO, COLICE
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
NITCHAEL SYNO ESQ
12865 WEST DIXIE HIGHWAY
NORTH MIAMI, FLORIDA 33161
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
BONNIE SKOP 5222 MAJORCA CLIB DRIVE 5222 MAJORCA CLIB DRIVE
BOCA RATON, FLORIDA 33486 ************************************
Having been named as registered agent to accept service of process for the above stated corporation at the place designated
in this sertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.
2/1/65
Signature/Registered Agent Date
Branie Haith Sha
Signature/Incorporator Date
10