

N05000006848

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Special Instructions to Filing Officer:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: _____

STRONGEST LINK, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: _____

LILIANA DIOZCO, BSS

Name (Printed or typed)

9339 SW 220 ST

Address

MIAMI, FL 33190

City, State & Zip

305 251-5756

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 27, 2005

LILIANA OROZCO
9339 NSW 220 ST
MIAMI, FL 33190

SUBJECT: STRONGEST LINK, INC.
Ref. Number: W05000031312

We have received your document for STRONGEST LINK, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please put the name of registered agent in article VI.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 305A00043463

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

ARTICLE I NAME

The name of the corporation, shall be:

STRONGEST CHALLENGE INC

ARTICLE II PRINCIPAL OFFICE

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

**9339 SW 220 ST
MIAMI, FL 33190**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO provide prevention education to the population ON HIV/AIDS and other STD's, as well to deliver psychosocial group support to those infected/affected by the disease.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

OUR directors were appointed after carefully examining their status, professional work history and educational background. Once our selection was made we presented them with a written request to formally join our Board, accordingly.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

**DR. MILTON A. NORVILLE - CED - 2713 NW 200 Ter. OPA LOCKA, FL 33055
CARMELA RAPHAEL - BBA - CFO - 7950 NE BAYSHORE CT #39 MIAMI, FL 33138
LILIANA OROZCO, BSS PROGRAM MANAGER - FOUNDER
9339 SW 220 ST - MIAMI, FL 33189**

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**9339 SW 220 ST
MIAMI, FL 33190**

LILIANA OROZCO

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**LILIANA OROZCO -
9339 SW 220 ST MIAMI, FL 33190**

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

Date

Signature/Incorporator

Date

FILED
05 JUL -5 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

6/23/05

[Signature]

6/22/05