

N05000010238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000059993130

10/04/05--01013--001 \*\*78.75

RECEIVED  
05 OCT -4 AM 8:48  
05 OCT -4 PM 12:52  
STATE  
DIVISION OF CORPORATIONS  
TALLahassee, FLORIDA

B. McKnight OCT 05 2005

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Faith, Hope And Life, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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

**ARTICLE I NAME**

The name of the corporation shall be:  
FAITH, HOPE AND LIFE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
710 SW 17TH AVE  
MIAMI, FL 33135

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
HELP PEOPLE WITH HIV TO FIND HOUSING, FOOD, EMPLOYMENT AND ALSO GIVE THEM MEDICAL & PSICOLOGICAL TREATMENT. WE ARE GOIN TO GIVE HIV, DRUGS & ALCOHOL PREVENTION CONFERENCES FOR ALL PEOPLE INTERESTED NATIONALLY & INTERNATIONALLY.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
BY MINUTES AND BY LAWS

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

ISABEL CARCASES (DP)  
ANDRES HERNANDEZ (DVP)  
AMADA RIVERO (D)

710 SW 17TH AVE - MIAMI, FL 33135

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

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

ISABEL CARCASES  
710 SW 17TH AVE  
MIAMI, FL 33135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ANDRES HERNANDEZ & ISABEL CARCASES  
710 SW 17TH AVE  
MIAMI, FL 33135

\*\*\*\*\*

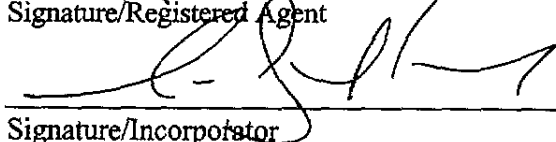
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*



Signature/Registered Agent

OCTOBER 03, 2005

Date



Signature/Incorporator

OCTOBER 03, 2005

Date

05 OCT -4 PM 12:52  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE