

NO80000048/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

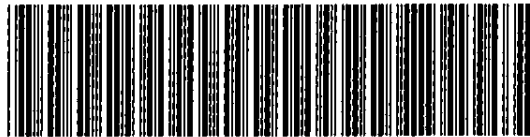
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000129444270

05/16/08--01014--004 \*\*78.75

RECEIVED

08 MAY 16 AM 10:45

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2008 MAY 16 A 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 19 2008  
D.A. WHITE

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

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

1. CARITAS FAMILY INSTITUTE, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time

☐ Will wait

2.06

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☒ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION  
FOR

FILED

2020 MAY 16 A 9:25

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:

CARITAS Family Institute, Inc.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

905 SW 147 Court  
MIAMI, FL 33194

ARTICLE III PURPOSE (S)

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

To Provide Social Services to include  
Psychotherapy to individuals, groups,  
couples, and families. To provide  
spiritual retreats, general counseling  
services, spiritual direction and counseling.  
To provide parenting skill classes.

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 617.0302, Florida Statutes, unless limited as follows:

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

MARIA ANTONIA RODRIGUEZ  
905 SW 147 COURT  
MIAMI, FL 33194

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

MARIA A. RODRIGUEZ - 905 SW 147 COURT  
MIAMI, FL 33194

CHRISTINE LOPEZ-ACEVEDO - 15059 SW 18 Terr.  
MIAMI, FL 33185

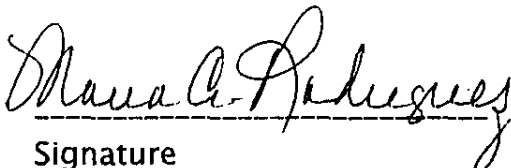
MARIA BELLO - 15970 SW 110 Street  
MIAMI, FL 33194

**ARTICLE VIII INCORPORATOR**

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

MARIA ANTONIA RODRIGUEZ  
905 SW 147 COURT  
MIAMI, FL 33194

The undersigned incorporator has executed these Articles of Incorporation this 15 day of MAY, 2008

  
Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

The name of the corporation is:

CARITAS FAMILY INSTITUTE, INC.  
(must include suffix)

The name and address of the registered agent and office is:

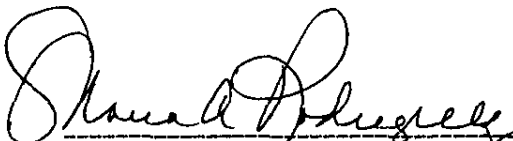
MARIA ANTONIA RODRIGUEZ  
(name)

905 SW 147 COURT  
(P.O. Box or Mail Drop Box NOT Acceptable)

MIAMI, FL 33194  
(City/State/Zip)

FILED  
2008 MAY 16 A 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 performance of  
my duties, and I am familiar with and accept the obligations of my position as registered  
agent.

  
Signature of Registered Agent

5/15/08  
Date