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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSES FI TOTALE

Office Use Only

# **COVER LETTER**

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

SUBJECT: Less Fortur	nate Charity Foundation Inc. (I	F.C.F. Inc)	
	(PROPÓSED CORPORAT	E NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed is an original a	nd one(1) copy of the Article	es of Incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate
FROM:	Ricardo Santiago Jr. Name (Pri	nted or typed)	-
	2976 Se 15 Ave	ddress	-
	Homestead, FI 33035 City, S	tate & Zip	-

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

Daytime Telephone number

305-257-6899



# RECEIVED DEPARTMENT OF STATE

# FLORIDA DEPARTMENT OF STATE 09 FEB 19 PM 2: 42 Division of Corporations

February 10, 2009

RICARDO SANTIAGO, JR. 2976 SE 15 AVE. HOMESTEAD, FL 33035

SUBJECT: LESS FORTUNATE CHARITY FOUNDATION INC. ( L.F.C.F., INC.)

Ref. Number: W09000006427

We have received your document for LESS FORTUNATE CHARITY FOUNDATION INC. ( L.F.C.F.,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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return 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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 809A00004703



# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)			
ARTICLE I NAME  The name of the corporation shall be:	TALL	2009	
Less Fortunate Charity Foundation Inc.	CREI	2009 FEB	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 2976 SE 15 Ave Homestead, FL 33035	TARY OF STATE HASSEEVELORID	319 PM 1:	The same of
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	E R	12	
To provide assistance to families in need of relief from issues consisting from a loss of incoclothing, housing referrals, employment recommendations etc	ome, utility	/ assist	ance,
ARTICLE IV MANNER OF ELECTION  The manner in which the directors are elected or appointed:			, <u> </u>
The nomination committee will determine the fit and proper status of existing elected director	rs/propos	ed cano	didates

based on broad criteria as mentioned hereunder: (1) Educational qualifications (2) Experience and field expertise (3)

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Track record and integrity

Ricardo Santiago Jr. 2976 SE 15 Ave Homestead, FL 33035 SR. Director/ SR Officer Ashia R. Santiago 2976 SE 15 Ave Homestead, FL 33035 / Director/Officer

Rhonda Santiago 1411 SE 31" Or Homestead, FL 33035 Officer/Director

### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ashia R. Santiago 2976 SE 15 Ave Homestead, FL 33035

The <u>name and address</u> of the Incorporator is:	
Ricardo Santiago Jr 2976 SE 15 Ave Homestead, FL 33035	
**************	*********
in this certificate, I am familiar with and accept the appointment as i	egistered agent and agree to act in this capacity.
Having been named as registered agent to accept service of process f in this certificate, I am familiar with and accept the appointment as to the service of process f in this certificate, I am familiar with and accept the appointment as to the service of process f in this certificate, I am familiar with and accept the appointment as to the service of process f in this certificate, I am familiar with and accept the appointment as to the service of process f in this certificate, I am familiar with and accept the appointment as to the service of process f in this certificate, I am familiar with and accept the appointment as to the service of process f in this certificate, I am familiar with and accept the appointment as to the service of process f in this certificate, I am familiar with and accept the appointment as to the service of process f in this certificate, I am familiar with and accept the appointment as to the service of the servic	egistered agent and agree to act in this capacity. 02/06/2009