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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ndc

7-22-09

COVER LETTER

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

SUBJECT: THE SHRINE FEZETTES OF HOMESTEAD, 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: EVELYN C. LUPISELL
Name (Printed or typed)

650 N.W. 17th St.
Address

HOMESTEAD FL 33030 - 4044
City, State & Zip

305 247-6618
Daytime Telephone number

ecup @ ATT. NET
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be:

THE SHRINE FEZETTES OF HOMESTEAD, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

43 NW 2 ST.
HOMESTEAD, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ASSIST THE SHRINE ORGANIZATION
IN THEIR EFFORTS TO RAISE FUNDS
FOR THE SHRINERS HOSPITALS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

AS STATED IN OUR BY-LAWS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

P. YOLANDA LOURIDO 6416 SW 14 ST MIAMI FL 33144
U.P. JEAN B. M- NAMARA 10020 SW 165 TER. MIAMI, FL 33157
S DORIS GRAHAM 16223 SW 108th CE MIAMI FL 33157-2924
T EVELYN C. LUPISELL 650 NW 17 CE HOMESTEAD, FL 33030

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

EVELYN C. LUPISELL
650 NW 17 CE
HOMESTEAD FL 33030 - 4044

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EVELYN C. LUPISELL
650 NW 17 CE
HOMESTEAD FL 33030 - 4044

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.

Evelyn C. Lupisell
Signature/Registered Agent

7-16-09
Date

Evelyn C. Lupisell
Signature/Incorporator

7-16-09
Date

FILED
09 JUL 20 PM 3:52
CLERK OF COUNTY
MIAMI DADE COUNTY
FLORIDA