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COVER LETTER

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

SUBJECT: The Jozy Altidore Foundation, 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: Bucci Law Offices, P.A.

Name (Printed or typed)

2600 N Andrews Ave

Address

Wilton Manors, FL 33311

City, State & Zip

954-764-4440

Daytime Telephone number

christin@buccilawoffices.com

E-mail address: (to be used for future annual report notification)

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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 Jozy Altidore Foundation, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
6836 Giralda Circle
Boca Raton, FL 33433

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation is organized exclusively for charitable purposes, within the meaning of Internal Revenue Code section 501(c)(3) (including the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3)). All assets of the Corporation are permanently dedicated to such charitable purposes and upon dissolution, all assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3).

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Will be stated in the Corporation's bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Josmer Altidore, President
Address: 6836 Giralda Circle
Boca Raton, FL 33433

Name and Title: Janak Altidore, Vice President
Address: 6836 Giralda Circle
Boca Raton, FL 33433

Name and Title: Ronald Williams, Secretary
Address: 6836 Giralda Circle
Boca Raton, FL 33433

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Bucci Law Offices, P.A.
Address: 2600 North Andrews Ave.
Wilton Manors, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bucci Law Offices, P.A.
Address: 2600 North Andrews Ave.
Wilton Manors, FL 33311

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

Charles B. Bucci, President Bucci Law Offices, PA
Required Signature of Registered Agent

1/31/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Charles B. Bucci, President Bucci Law Offices, PA
Required Signature of Incorporator

1/31/11
Date