

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

francesca women for love, inc.

Certificate of Status	0
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Corporate Filing Menu

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3/4/2011

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DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

3/7/11

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

ARTICLE I NAME

The name of the corporation shall be: **FRANCESCA WOMEN FOR LOVE, INC.**

CLERK OF COURT
DIVISION OF COURT REPORTING

2011 MAR -4 PM 1:38

ARTICLE II PRINCIPAL OFFICE

Principal street address
1026 MILAN AVENUE
CORAL GABLES, FL 33134

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THIS CORPORATION IS TO SUPPORT AND HELP WOMEN AND CHILDREN VICTIMS OF DOMESTIC VIOLENCE, SEXUAL, AND ANY KIND OF VIOLENCE.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

WILL BE STATED IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>PRESIDENT/SEC/TREAS/DIR</u>	Name and Title: _____
Address: <u>NATASHA RODRIGUEZ</u>	Address: _____
<u>1025 MILAN AVENUE</u>	_____
<u>CORAL GABLES, FL 33134</u>	_____

Name and Title: <u>VICE PRES/DIRECTOR</u>	Name and Title: _____
Address: <u>ALEREDO CALVO</u>	Address: _____
<u>1025 MILAN AVENUE</u>	_____
<u>CORAL GABLES, FL 33134</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: HENRY PADILLA
Address: 1200 BRICKELL AVENUE STE 1950
MIAMI FLORIDA 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HENRY PADILLA
Address: 1200 BRICKELL AVENUE STE 1950
MIAMI FLORIDA 33131

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

H P M
Signature of Registered Agent

3-4-11
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.

H P M
Signature of Incorporator

3-4-11
Date

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