

N11000002464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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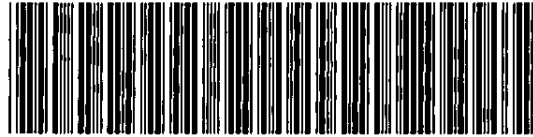
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 MAR 11 AM 10:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/11/11

COVER LETTER

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

SUBJECT: FUNDACION DE MUJERES HEFZI-BA AMOR DIVINO, 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: KARIME HERNANDEZ
Name (Printed or typed)

4711 NW 79TH AVE, SUITE 1A
Address

MIAMI, FL 33166
City, State & Zip

786-587-5938
Telephone number

hefzi-ba-shalom@hotmail.com
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)

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11 MAR 11 AM 10:06

ARTICLE I NAME fundacion de mujeres HEFZI-BA amor divino, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4711 NW 79th ave suite 1A
Miami, FL 33166

Mailing address, if different is: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS WILL BE A CHARITABLE ORGANIZATION FOUNDED TO PROVIDE SHELTER AND FINANCIAL AND LEGAL AID AND GUIDANCE TO BATTERED AND POOR WOMEN AND SINGLE MOTHERS THAT MAY REQUIRE SO.A

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

The initial directors are appointed by election and there will be a yearly vote to choose directors on january of each year all will be for a one year period.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karime Hernandez - President
Address: 4711 nw 79th ave suite 1a
Miami, FL 33166

Name and Title: _____
Address: _____

Name and Title: Ana del Valle - Treasure
Address: 4711 NW 79th ave, Suite 1A
Miami, FL 33166

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:

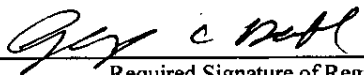
Name: George C Dahl
Address: 12250 Menta st. suite # 105
Orlando, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karime Hernandez
Address: 4711 NW 79th Ave. Suite 1A
Miami, FL 33166

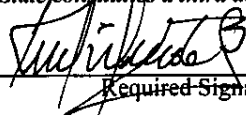
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

3/10/2011
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.



Required Signature of Incorporator

3/10/2011
Date