NII000004750

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	······································
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
1 - 2 + b = 1 - 2	
WH-24042	
0011	
• Office Use Only	

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04/28/11--01043--015 **87.50

AND FILED SECRETARY OF STATE MULAHASSEE FLORIDA

COVER LETTER

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

ena toundation IMIE SUBJECT:

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



FROM: MERCIE VIELOT Name (Printed or typed)

<u>1900 N.W 77 Ternace</u> Address <u>MAR BATE, Clouda</u> 3306 3 City, State & Zip

<u>954-247-9614 - 954-</u>754 - 366 - 7754 4ll Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2011

MERCIE VIELOT 1900 N.W. 77 TERRACE MARGATE, FL 33063

SUBJECT: MOMMY HENA FOUNDATION INC. Ref. Number: W11000024042

We have received your document for MOMMY HENA FOUNDATION 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):

Please complete articles I-VII.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 411A00010470

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

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• .

n e n	In compliance with Ch	apter 617, F.S., (N	ot for Profit)		
ARTICLE I	NAME				
The name of the cor	poration shall be: MOMMY He	ina Foun	dation Inc.		
	, PRINCIPAL OFFICE				
ANTICLE II			' Mailing addres	s, if different is	:
	Principal street address	<u> </u>	···· /		
	MAR GATE, 6 33063	·	Jame as	principa	2 L Ottice
	· · · · · · · · · · · · · · · · · · ·		·		
ARTICLE III	PURPOSE	,	E. I.	7	
The purpose for wh	ich the corporation is organized is: MO to help Sinder privile & healt core, daily me	mmy He	ha rounda	non co	
alsigned	to help Under privile	edged Chil	deen of Haite	with	
unhladente	I health and dauly me	lo adear	ste iducatio	n Fam	by Style Living.
wipreading		,		• / •	/
	MANNER OF ELECTION The manne	_	tors are elected and appointe	d:	
-	Directions are appoint	Ted			
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS	1. I a	J.	
	IC MERCIE VIELOT CEO		itle: MIRIAM. Jean		
Address:	1900 N. W 17 Temale MARCATE, FC 33063	Address:	150 N.W Toth	<u>AVIN'UN</u>	7
			<u> </u>		
Name and Tit	le: Eddy Vielot Disector	Name and T	itle: Joseph Ul	Cena Aa	IVISON
Address:	1300 NO. WYTTERACLE	Address:		Rest	
	MARGATE, R 33063		Hyde Park,	MA OZ	136
	H tot Dall	^	E + 11	1+. 1	1 .
Name and Tit Address:	1260 S.W. 104 Avenue		itle: Thank Hypp	Olile He	VISOR .
Address.		<u>330</u> 25	Pombano Beac	h R 3	3063
ARTICLE VI	REGISTERED AGENT				
	ida street address (P.O. Box NOT acceptabl	le) of the registered a	agent is:		
Name: Address:	1900 N.W 77 Tenna			ZΩ Ω	
11441035,	MARGATE R 33063			₽Ŝ	
				AS	
ARTICLE VII	INCORPORATOR			SE SE SE	
	ress of the Incorporator is:			 	
Name: Address:	MARCIE VIELOT 1900 N.W 77 TERNACE			- Grand Contraction of the second sec	., E.,
	MANCATE R 33063	<u> </u>		je standard	2000
1	Λ				•.•
Having been name	d is registered agent to accupt service of p	process for the above	ve stated corporation at the	place designa	ted in this
certificate, I am fam	diar with and accept the appointment as reg	istered agent and a	gree to act in this capacity		
A VA	IAA hin		Au	10 11	
+	Required Signature of Registered Age	ent		Date	_
h					_
to the Department of	chi and affirm that the facts stated herein a f State constitutes a third degree felony as b	ire true. I am award rovided for in s.817.	e that any faise information 155, F.S.	submitted in a	document
		,,		· /	
4/_	MAMER			0/2011	_
\mathcal{V}	Required Signature of Indopora	ator	/	Date	