

N11000005265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

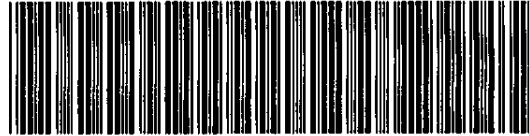
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/27/11--01031--006 \*\*78.75

10:00am MAY 31 2011

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 27 AM 11:28

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## COVER LETTER

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

SUBJECT: Mabel's Charity, 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: Anthony GARCES  
Name (Printed or typed)

419 Bonifay Ave.  
Address

Orlando, FL 32825  
City, State & Zip

305.389.6905  
Daytime Telephone number

Anthony.GARCES@Rocketmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

Mabel's charity, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

419 Bonifay Ave  
ORLANDO, FL 32825

Mailing address, if different is:

N/A

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To help Families in Need, thru  
Benevolent Giving of Food, clothing AND Bibles.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

AS PROVIDED FOR IN THE BYLAWS.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ANTHONY GARCES Director

Address: 419 Bonifay Ave  
ORLANDO, FLORIDA  
32825

Name and Title: MARIA Puentes-Director

Address: 419 Bonifay Ave  
ORLANDO, FLORIDA  
32825

Name and Title:

Address:

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:

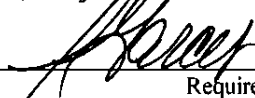
Name: ANTHONY GARCES  
Address: 419 Bonifay Ave.  
ORLANDO, FLORIDA  
32825

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANTHONY GARCES  
Address: 419 Bonifay Ave.  
ORLANDO, FLORIDA  
32825

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

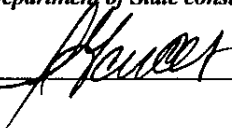


Required Signature of Registered Agent

5.21.11

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.



Required Signature of Incorporator

5.21.11

Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA