

N 11000009828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

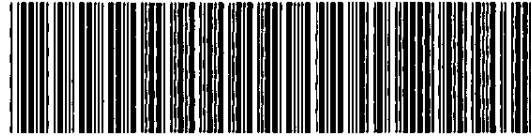
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OK to correct art. V -
add names per Helen
on 10/18 *bm*

Office Use Only



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10/12/11--01006--013 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 18 PM 2:55

bm 10/18/11

COVER LETTER

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

SUBJECT: Madi's Safe Haven, Corp
(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: Helen Litsky
Name (Printed or typed)

201 SW 63 AVE
Address

Plantation, FL 33317
City, State & Zip

954-789-7370
201 SW 63 Ave Telephone number

mshcorp13@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: **Madi's Safe Haven, Corp**

ARTICLE II PRINCIPAL OFFICE

Principal street address
201 SW 63 Ave
Plantation, FL 33317

Mailing address, if different is:
6919 W. Broward Blvd #112
Plantation, FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A transitional home to help VA families achieve sustainable self-sufficiency, Training, Benefits Counseling, Counseling (PTSD), transitional housing , child care

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

The directors shall be elected by the members of the association at such time, in such manner, and for such term of office as the bylaws may prescribe, and shall hold office during the term for which they were elected and until their successors are elected and qualified.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Helen Litsky, Director Principal
Address: 201 SW 63 AVE
Plantation, FL 33317

Name and Title: Madison Litsky, CO Director
Address: 201 SW 63 AVE
Plantation, FL 33317

Name and Title: Juanita Shanks, Officer
Address: 201 SW 63 AVE
Plantation, FL 33317

Name and Title: Victoria Touhy, Treasurer
Address: 201 SW 63 AVE
Plantation, FL 33317

Name and Title: Suzanne Boyd, Director
Address: 201 SW 63 AVE
Plantation, FL 33317

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

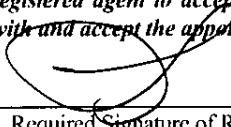
Name: Helen Litsky
Address: 201 SW 63 AVE
Plantation, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Helen Litsky
Address: 201 SW 63 AVE
Plantation, FL 33317

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

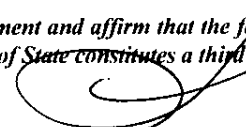


Required Signature of Registered Agent

10/06/2011

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

10/06/2011

Date

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