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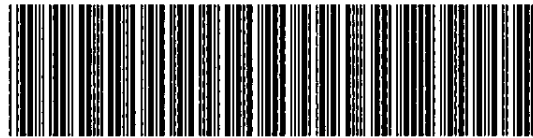
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
2/27/12

**A TASTE OF HAPPINESS** RECEIVED  
**7228 Cardinal Cove Circle** 12 JAN 17 AM 10:40  
**Sanford, Florida, 32771** DIVISION OF CORPORATIONS  
**954-864-6193**

**E-mail address: Jay\_Arjona@yahoo.com**

December 20, 2011

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

**SUBJECT: A TASTE OF HAPPINESS, INC.**

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:  
\$52.59 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy  
Status & Certificate

**ADDITIONAL COPY REQUIRED**

FROM:

A Taste of Happiness, Inc.  
7228 Cardinal Cove Circle  
Sanford, Florida, 32771  
954-864-6193  
E-mail address: Jay\_Arjona@yahoo.com

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

BY:

JUAN ARJONA/ VICE PRESIDENT-SECRETARY



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2012

A TASTE OF HAPPINESS, INC.  
ATTN: JUAN ARJONA  
7228 CARDINAL COVE CIRCLE  
SANFORD, FL 32271

SUBJECT: A TASTE OF HAPPINESS, INC.  
Ref. Number: W12000003166

We have received your document for A TASTE OF HAPPINESS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

A non-profit corporation do not have shares. Please remove that information from Article V.

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) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00001242

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

**FILED**  
12 FEB 23 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

A TASTE OF HAPPINESS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address Mailing address, if different is:

7228 Cardinal Cove Circle, Sanford, Florida, 32771

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To assist in providing physical and basic needs to permanently and temporarily under privileged youths in  
Seminole and neighboring counties

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

At biannual meeting the members the corporation shall elect Directors to hold office for an initial term of two years. Each Director shall hold office until the expiration of the term for which elected, or until a successor has been elected and shall have qualified, or until resignation or removal.

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

Name and Title: **ISIS BALLADARES/ President**  
Name and Title: **JUAN ARJONA/ Vice President-Secretary**  
Name and Title: **BONITA ARJONA/Treasurer**  
Address: **7228 Cardinal Cove Circle, Sanford, Florida, 32771**

**ARTICLE VI REGISTERED AGENT**

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

Name: **Juan Arjona / Vice President-Secretary**  
Address: **7228 Cardinal Cove Circle, Sanford, Florida, 32771**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Juan Arjona**  
Address: **7228 Cardinal Cove Circle, Sanford, Florida, 32771**

*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 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 Date