

N12000003608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

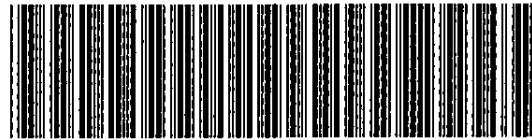
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/13/12--01031--006 **78.75

FILED
12 APR -6 PM 12:02
SEALY OF STATE
TALLAHASSEE, FLORIDA

W12-2979

[Signature] 04/09/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 APR -6 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 19, 2012

ROSE HOMICIDE
13899 BISCAYNE BLVD #223
MIAMI, FL 33181

SUBJECT: INFINITE WAYS NETWORK, INC.
Ref. Number: W12000002979

We have received your document for INFINITE WAYS NETWORK, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 912A00001119



RECEIVED

12 MAR 16 PM 2:09

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 17, 2012

ROSE HOMICIDE
13899 BISCAYNE BLVD #223
MIAMI, FL 33181

SUBJECT: OPEN ARMS CENTER, INC.
Ref. Number: W12000002979

We have received your document for OPEN ARMS CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 912A00001119

COVER LETTER

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

SUBJECT: INFINITE WAYS NETWORK, 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: Rose Homicile
Name (Printed or typed)

13899 Biscayne Boulevard, Suite 223
Address

MIAMI 33181
City, State & Zip

(305) 610-4017 - (305) 244-0971
Daytime Telephone number

openarmscenter@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: **Infinite Ways Network, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
13899 Biscayne Boulevard Suite 223
Miami, FL 33181

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- To meet the uniquely diverse mental health needs of Miami
- To provide targeted case management for individuals
- To provide individual counseling, domestic violence training, anger management training
- To provide social services to family in need

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The method of election of directors is as stated in the bylaws. Membership in this organization shall be open to all who are invited by the leadership of the organization. For election ballots shall be provided and there shall not appear any place on such ballot that might tend to indicate the person who cast such ballot.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: ROSE HOMICILE
Address: 1022 NE 210 TERR
MIAMI, FL 33197

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROSE HOMICILE
Address: 1022 NE 210 TERR
MIAMI, FL 33179

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

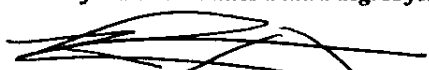


Required Signature of Registered Agent

3-25-12

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

3-25-12

Date