

N12000005551

(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

Shaquita Reineys CAVE
AUTHORIZATION BY PHONE TO
CORRECT Articles
DATE 5-4-12
DOC EXAM B



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02/16/12--01029--012 **78.75

W12-9597

FILED

12 JUN -4 PM 4

SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

12 JUN -4 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

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

SUBJECT: FAYE'S HAVEN, 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: Shaquita Reinosa
Name (Printed or typed)

250 Palm Circle West #202
Address

Pembroke Pines, FL 33025
City, State & Zip

(954) 907-0794
Daytime Telephone number

ShaquitaReinosa@yahoo.com
E-mail address: (to be used for future annual report notification)

Shaquita Reinosa
250 Palm Circle West
#202
Pembroke Pines, FL 33025

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2012

SHAQUITA REINOSA
250 PALM CIRCLE WEST 202
PEMBROKE PINES, FL 33025

SUBJECT: FAYE'S HAVEN, INC.
Ref. Number: W12000009597

We have received your document for FAYE'S HAVEN, 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):

Please type the name of the corporation in article I.

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.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 212A00007367



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2012

SHAQUITA REINOSA
250 PALM CIRCLE WEST 202
PEMBROKE PINES, FL 33025

SUBJECT: FAYE'S HAVEN, INC.
Ref. Number: W12000009597

We have received your document for FAYE'S HAVEN, 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):

You failed to make the correction(s) requested in our previous letter.

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.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 012A00009650

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

ARTICLE I NAME

The name of the corporation shall be: FAVES HAVEN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
250 Palm Circle W #202
Pembroke Pines, FL 33025

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A non profit organization which offers financial assistance for burial and cremation services to families that could not otherwise afford the costs of these services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

as stated in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shaquita Reinosha - President Name and Title: _____

Address: 250 Palm Circle W #202 Address: _____
Pembroke Pines, FL 33025

Name and Title: Tagueta Hamilton - Financial Officer Name and Title: _____

Address: 250 Palm Circle W #202 Address: _____
Pembroke Pines, FL 33025

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: Shaquita Reinosha

Address: 250 Palm Circle W #202
Pembroke Pines FL 33025

ARTICLE VII INCORPORATOR

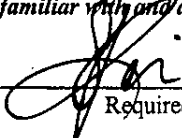
The name and address of the Incorporator is:

Name: Shaquita Reinosha

Address: 250 Palm Circle W #202
Pembroke Pines, FL 33025

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

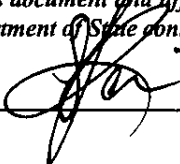
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

1/24/12
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

1/24/12
Date