

N 12000007839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

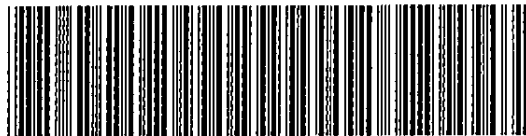
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300238288893

08/13/12--01022--026 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 13 PM 3:20

8/14/12

COVER LETTER

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

SUBJECT: Israel's House Social Service Agency, 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: Marta Rodriguez Rivera
Name (Printed or typed)

11605 Tropical Isle Ln.
Address

Riverview, FL 33579
City, State & Zip

813-597-8195
Telephone number

martalillian7@msn.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 13 PM 3:20

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Israel's House Social Service Agency, Inc.
The name of the corporation shall be:

Mailing address of filer: 12:40:15 PM 8/11/12

ARTICLE II PRINCIPAL OFFICE
Principal street address
11605 Tropical Isle Ln.
Riverview, FL 33579

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Our mission is to provide effective, bilingual mental health and referral services to meet the challenging needs of children and families. Through our programs, we will empower individuals to reach their full potential by providing the necessary skills ultimately leading to self-sufficiency.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marta Rodriguez Rivera, Director Name and Title: Ana Sanchez, Director
Address: 11605 Tropical Isle Ln. Address: 11605 Tropical Isle Ln.
Riverview, FL 33579 Riverview, FL 33579

Name and Title: Evelyn Pearce-Fearon, Director Name and Title: _____
Address: 11605 Tropical Isle Ln. Address: _____
Riverview, FL 33579

Name and Title: Araseli Martinez-Pena, Director Name and Title: _____
Address: 11605 Tropical Isle Ln. Address: _____
Riverview, FL 33579

ARTICLE VI REGISTERED AGENT

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

Name: Marta Rodriguez Rivera
Address: 11605 Tropical Isle Ln.
Riverview, FL 33579

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marta Rodriguez Rivera
Address: 11605 Tropical Isle Ln.
Riverview, FL 33579

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

Marta Rodriguez Rivera
Required Signature of Registered Agent

8/11/12
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.

Marta Rodriguez Rivera
Required Signature of Incorporator

8/11/12
Date