

N12000010008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

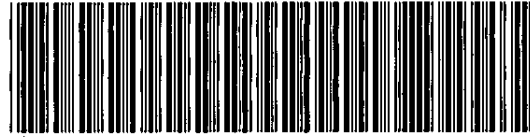
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12 OCT 22 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/1

8

W12-50247

COVER LETTER

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

Community Fest Florida Inc.

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :



35.00

~~\$70.00~~
Filing Fee



\$78.75
Filing Fee &
Certificate of
Status



\$78.75
Filing Fee
& Certified Copy



\$7.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

NON PROFIT

FROM Abdul Rauf Khan
Name (Printed or typed)

5800 N. Federal Hwy # 2
Address

Boca Raton, FL 33487
City, State & Zip

321-216-7937
Daytime Telephone number
5800 N. Federal Hwy # 2

arauf@icnarelief.com ✓
(Please include e-mail address for report notification)

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12 OCT 22 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2012

ABDUL RAUF KHAN
5800 N. FEDERAL HWY #2
BOCA RATON, FL 33487

SUBJECT: COMMUNITY FEST FLORIDA INC.
Ref. Number: W12000050247

We have received your document for COMMUNITY FEST FLORIDA INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

Please return 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.

Diane Cushing
Regulatory Specialist II Supervisor

Letter Number: 512A00024333

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

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5800 N. Federal Hwy # 2
Boca Raton, FL 33487

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Charity giving, Community services,

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Board approval

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Abdul Rauf Khan, President
Address: 5800 N. Federal Hwy # 2
Boca Raton, FL 33487

Name and Title: Samir A Kakli, Secretary
Address: 5800 N. Federal Hwy # 2
Boca Raton, FL 33487

Name and Title: Nizar Hamze, Vice President
Address: 5800 N. Federal Hwy # 2
Boca Raton, FL 33487

Name and Title: Yunus Ismail, Treasurer
Address: 5800 N. Federal Hwy # 2
Boca Raton, FL 33487

Name and Title: Vincent Ware, Officer
Address: 5800 N. Federal Hwy # 2
Boca Raton, FL 33487

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

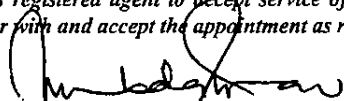
Name: Abdul Rauf Khan
Address: 5800 N. Federal Hwy # 2
Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Abdul Rauf Khan
Address: 5800 N. Federal Hwy
Boca Raton, FL 33487

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

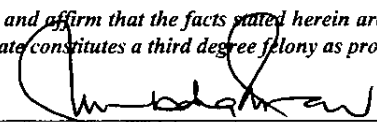


Required Signature of Registered Agent

9/20/12

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

9/20/12

Date

FILED
12 OCT 22 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA