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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 11 AM 10:03

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## COVER LETTER

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

SUBJECT: MIAMI, FLORIDA BLINDS CORPORATION, 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: FERNANDO HUMPHREYS  
Name (Printed or typed)

670 NW 6 ST. #1405  
Address

MIAMI, FLORIDA 33136  
City, State & Zip

(305) 510 - 4438  
Daytime Telephone number

mister fernando 7 @ G MAIL.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: MIAMI, FLORIDA BLINDS CORPORATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

670 NW 6 ST. #1405  
MIA. FL. 33136

Mailing address, if different is:

**ARTICLE III PURPOSE**

"MIAMI, FLORIDA BLINDS CORPORATION, INC."

The purpose for which the corporation is organized is: IT IS A COMMUNITY ORGANIZATION, THAT, PROVIDE SERVICES TO ALL BLIND PERSONS. SERVICES SUCH AS; THERAPIES INDIVIDUAL OR GROUPS, SOCIAL SERVICES, ENTERTAINMENT AND RECREATIONAL IN AND OUT DOORS. PROMOTION AND SUPPORT FOR THE DEVELOPMENT OF THE ARTS; THEATRE, MUSIC, PAINTING, ETC, ETC. INDIVIDUALLY, FAMILY OR GROUPS AS A NON FOR PROFIT CORPORATION.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

BY VOTES.

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

Name and Title: FERNANDO HUMPHREYS,

Address: PRESIDENT

670 NW 6 ST. #1405  
MIA. FL. 33136

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: NANCY ALFONSO,

Address: SECRETARY.

670 NW 6 ST. #312  
MIA. FL. 33136

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: RONALD MORGAN

Address: TREASURY

945 SW 4 ST. #4  
MIA, FL. 33130

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: FERNANDO HUMPHREYS

Address: 670 NW 6 ST. #1405  
MIA. FL. 33136

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FERNANDO HUMPHREYS

Address: 670 NW 6 ST. #1405  
MIA. FLA 33136

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

MARCH 5<sup>th</sup>, 2013

\_\_\_\_\_  
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

MARCH 5<sup>th</sup>, 2013

\_\_\_\_\_  
Date

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