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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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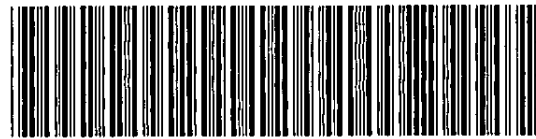
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: PHILLIPS CHERFILS INTERNATIONAL FOUNDATION 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: EURENA PHILLIPS
Name (Printed or typed)

4881 RITTENROAD 426
Address

DAVIE FLA 33314
City, State & Zip

954-670-6842
Daytime Telephone number

CHERFILS-PHILLIPS INTFND @ yahoo.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: PHILLIPS CHERFILS INTERNATIONAL
FOUNDATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5613 FUNSTON STREET
HOLLYWOOD
FLA 33023

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ORGANIZED, EXCLUSIVELY FOR
CHARITABLE, EDUCATIONAL PURPOSES, MORE SPECIFICALLY TO
AID THE POOR AND NEEDY, DISADVANTAGED INDIVIDUALS TOWARDS
A LIFE OF SELF-SUFFICIENCY, HOMELESS, REFUGEES, PRISONERS
CHILDREN LEFT ABANDONED IN THE STREETS, SUBSTANCE
ABUSE, CLOTHING, JOB TRAINING, ETC. TO DO ANY
AND ALL THINGS THAT ARE LEGAL AS RELATED TO CHARITIES
THIS ORGANIZATION WILL OBEY TO ALL RULES AND REGULATIONS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

THE NUMBER OF PERSONS CONSTITUTING THE BOARD, SHALL BE FIXED
BY THE BYLAWS TO BE ADOPTED AT THE FIRST MEETING OF THE BOARD.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SCOTT RECHETTE Name and Title: _____

Address: 4229 W HALLAND BEACH Address: _____
HOLLYWOOD 33023

Name and Title: MIKE COHAN Name and Title: _____

Address: 5613 FUNSTON ST Address: _____
HOLLYWOOD 33023

Name and Title: WILLIE JOHNSON Name and Title: _____

Address: 4900 W HALLAND BEACH Address: _____
PEMBROKE PARK
FLA 33023

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: EURENA PHILLIPS
Address: 4881 BRITAIN Rd 426
DAVIE FLA 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AUSTIN PHILLIPS
Address: P.O. BOX 370866
MIAMI FLA 33137

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

Eurena Phillips

Required Signature of Registered Agent

03-06-2013

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.

Austin Phillips

Required Signature of Incorporator

03-06-2013

Date