

N 13 000005547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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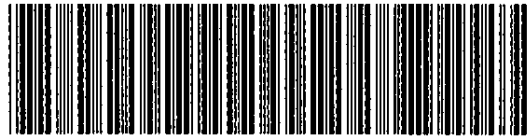
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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6/14/13

COVER LETTER

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

SUBJECT: Advocates for Inmate Humane Treatment and Rehabilitation, 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: Emma J. Lopez
Name (Printed or typed)

1545 S.W. 1st Street, Suite 301
Address

Miami, Florida 33135
City, State & Zip

305-541-3367
Daytime Telephone number

AIHTR.INC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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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: Advocates for Inmate Humane Treatment and Rehabilitation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1545 S.W. 1st Street, Suite 301

Miami, Florida 33135

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To collaborate with prisons and provide meaningful educational training, materials and support to encourage successful rehabilitation, reduce recidivism, humane treatment and reduce the amount of solitary confinement.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

By vote. _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Emma J. Lopez, President

Name and Title: _____

Address 1545 S.W. 1st STREET

Address: _____

SUITE 301

MIAMI, FL 33135

Name and Title: MARIELLA LOPEZ, OFFICER

Name and Title: _____

Address 1545 S.W. 1st STREET

Address: _____

SUITE 301

MIAMI, FL 33135

Name and Title: JAZMIN LAZO, OFFICER

Name and Title: _____

Address 1545 S.W. 1st STREET

Address: _____

SUITE 301

MIAMI, FL 33135

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Emma J. Lopez, President
Address: 1545 S.W. 1st Street, Suite 301
Miami, Florida 33135

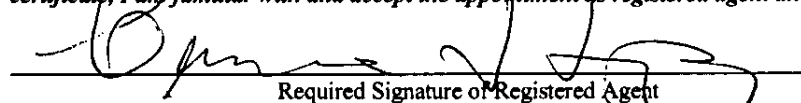
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

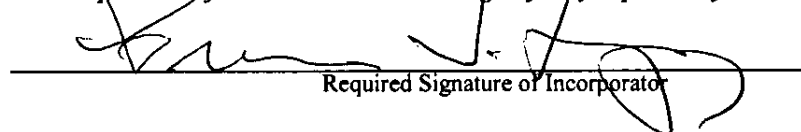
Name: Emma J. Lopez, President
Address: 1545 S.W. 1st Street, Suite 301
Miami, Florida 33135

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

5-30-13
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

5-30-13
Date