

N13000008385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

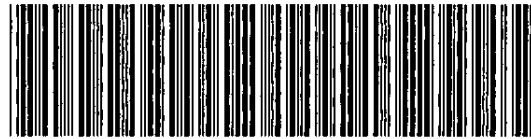
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATION
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1/H

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

I HAVE TO SAVE PRODUCTION OUTREACH
MINISTRY
7356 NW 34TH ST
LAUDERHILL, FL 33319

Date of this notice: 09-10-2013

Employer Identification Number:
46-3607266

Form: 990-N

Number of this notice: CP 575 B

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-3607266. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it's very important that you use your EIN along with your complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information shown above isn't correct, please send us the correction using the attached tear-off stub.

Annual filing requirements

Most organizations with an EIN have an annual filing requirement, even if they engage in minimal or no activity.

A. If you are tax exempt, you may be required to file one of the following returns or notices:

Form 990, Return of Organization Exempt From Income Tax
Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
Form 990-PF, Return of Private Foundation
Form 990-N, e-Postcard (available online only)

Additionally, you may be required to file your annual return electronically.

If an organization required to file a Form 990, Form 990-PF, Form 990-EZ, or Form 990-N does not do so for three consecutive years, its tax-exempt status is automatically revoked as of the due date of the third return or notice.

Please refer to www.irs.gov/990filing for the most current information on your filing requirements.

B. If you are not tax-exempt, you may be required to file one of the following returns:

Form 1120, U.S. Corporation Income Tax Return
Form 1041, U.S. Income Tax Return for Estates and Trusts
Form 1065, U.S. Return of Partnership Income

Please refer to Publication 1635, Understanding Your EIN, for more information about which forms you may be required to file.

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

ARTICLE I NAME

The name of the corporation shall be: I HAVE TO SAVE PRODUCTION OUTREACH MINISTRY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7356 NW 34 STREET

LAUDERHILL FLORIDA

ZIP 33319

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RELIGIOUS AND CHARITABLE
I HAVE TO SAVE PRODUCTION OUTREACH MINISTRY INC.

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ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: SET FORTH IN BY LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PHILOMENE PHILOSTIN/CEO

Address: 7356 NW 34 STREET

LAUDERHILL

FLORIDA ZIP 33319

Name and Title: FITCHERLINE PHILOSTIN/VP

Address: 1201 NW 7 AVE

FORT LAUDERDALE

FLORIDA ZIP 33311

Name and Title: DENIS JOSEPH/TREASURER

Address: 4191 NW 26 STREET

lauderhill florida

33313

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DIVISION OF CORPORATIONS

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Name and Title: ABELLARD JEUNE/ SECRETARY

Address: 520 NE 180 DRIVE
NORTH MIAMI
FLORIDA ZIP 33162

Name and Title: _____

Address: _____

Name and Title: EMMANUEL SAINT FLEUR/TRUSTEE

Address: 4533 LEMENS DRIVE
ORLANDO FLORIDA
ZIP 32808

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: PHILOMENE PHILOSTIN
Address: 7356 NW 34 STREET
LAUDERHILL FLORIDA ZIP 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PHILOMENE PHILOSTIN
Address: 7356 NW 34 STREET
LAUDERHILL FLORIDA ZIP 33319

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

X Philomene Philostin

Required Signature of Registered Agent

09/10/2013

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.

X Philomene Philostin

Required Signature of Incorporator

09/10/2013

Date