

N/13000009555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

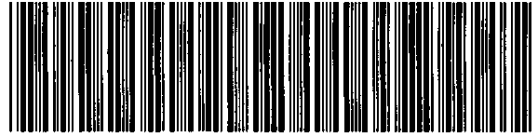
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 21 PM 3:20

[Handwritten signature]
10-20-13

COVER LETTER

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

SUBJECT: **ALL CHILDREN'S FUTURE, CORP.**

(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: **Omar Inaty**
Name (Printed or typed)

7820 N. Armenia Ave.
Address

Tampa, FL 33604
City, State & Zip

813-5079134
Daytime Telephone number

drinaty@gmail.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: ALL CHILDREN'S FUTURE, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7820 N. Armenia Ave. Tampa, Fl 33604

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL CHILDREN'S FUTURE, CORP., purpose is to address, educate, coordinate, and provide programs

to education, health, nutrition, dress, games and physical activities on or nationally and internationally. We offer education, giving free lectures and presentations in schools,

libraries and other public places, as well as the use of social media channels and website of the Foundation to provide facts, statistics and other data related

to education, health, nutrition and give children the opportunity to gain a level of training that allows them to take responsibility for your personal well-being in later life

Our programs include sending ambassadors to raise social awareness about caring for children for the future locally and globally, and to hold fund-raising events to provide immediate help and assistance

to children of family's low income, regardless of race, ethnicity or religion. To maximize our impact on current efforts, we may seek to collaborate with other non-profit

organizations which fall under the 501(c) ((3) section of the internal revenue code and are operated exclusively for educational and charitable purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: All directors shall be
elected to serve a one-year term by majority of four votes of the board of directors currently in office.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nelly Hidalgo President

Address: 20107 Natures Hike Way
Tampa, Fl 33647

Name and Title: Omar Inaty Vice President

Address: 2346 Hillary Crest St., Ste # 106
Wesley Chapel, Fl 33544

Name and Title: Lynne A Leon Secretary

Address: 10130 Fort King Rd
Dade City, Fl 33525

Name and Title: Ana Gonzalez Treasurer

Address: 20107 Natures Hike Way
Tampa, Fl 33647

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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:

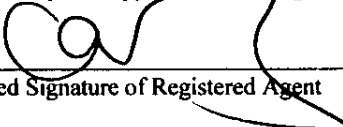
Name: Omar Inaty
Address: 2346 Hillary Crest St., Ste # 106
Wesley Chapel, Fl 33544

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nelly Hidalgo
Address: 20107 Natures Hike Way
Tampa, Fl 33647

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

10/11/13

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

10-11-2013

Date