

N14XXXX0900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

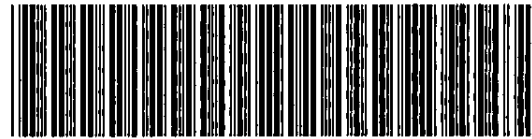
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 24 AM 8:20

3/14

**COVER LETTER**

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

SUBJECT: HOPE FOR A BRIGHTER DAY, 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: MATILDE ZAYAS, PHD  
Name (Printed or typed)

14355 S.W. 120<sup>TH</sup> ST. #105  
Address

MIAMI, FL. 33186  
City, State & Zip

(C) 786-444-4205 / (O) 305-383-6336  
Daytime Telephone number

MATILDE ZAYAS@Bellsouth.net  
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: HOPE FOR A BRIGHTER DAY, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

14355 S.W. 120<sup>TH</sup> STREET  
SUITE #105  
MIAMI, FL 33186

Mailing address, if different is:

/  
/  
/

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 24 AM 8:20

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: AS A NON FOR PROFIT ORGANIZATION  
I WILL BE PROVIDING PSYCHOTHERAPY.

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

IN THE BY-LAWS

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

Name and Title: DR. MATILDE ZAYAS  
Address: 14355 S.W. 120<sup>TH</sup> ST  
SUITE #105  
MIAMI, FL 33186

Name and Title: DIRECTOR  
PSYCHOTHERAPIST  
Address: SAME  
/  
/  
/

Name and Title: RICHARD ORTIZ  
Address: 14355 S.W. 120<sup>TH</sup> ST.  
SUITE #105  
MIAMI, FL 33186

Name and Title: OFFICER  
Address: SAME  
/  
/

Name and Title: PATRICK PARRISH  
Address: 14355 S.W. 120<sup>TH</sup> ST  
SUITE #105  
MIAMI, FL 33186

Name and Title: OFFICER  
Address: SAME  
/  
/

Name and Title: LUCY MALO

Name and Title: OFFICER

Address: 14355 S.W. 120<sup>TH</sup> ST

Address: SAME

Suite #105

MIAMI, FL. 33186

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: MATILDE ZAYAS, PHD

Address: 14355 S.W. 120<sup>TH</sup> ST. #105

MIAMI, FL. 33186

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MATILDE ZAYAS, PHD

Address: 14355 S.W. 120<sup>TH</sup> ST #105

MIAMI, FL. 33186

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

Dec 16-2014  
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

Dec 16-2014  
Date

MATILDE ZAYAS, PHD