084000011N

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	-			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

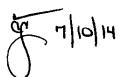


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COVER LETTER

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

UBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCLUI</u>	DE SUFFIX)
nclosed is an original and \$70.00 Filing Fee	d one (1) copy of the Art \$78.75 Filing Fee & Certificate of	□\$78.75 Filing Fee & Certified Copy	a check for: \$87.50 Filing Fee, Certified Copy
	Status :	ADDITIONAL CO	& Certificate PPY REQUIRED
FROM: _	oska Shemoneh	inted or typed)	-
,	107 Fordinand St		

thesnowflakedisease@gmail.com

Coral Gables, FL 33134

414-412-5528

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Address

City, State & Zip

Daytime Telephone number

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

ARTICLE I The name of the	NAME corporation shall be: SnowFlakeComm	nunity.org Co	orp.	FILED
ARTICLE II	PRINCIPAL OFFICE Principal street address: Ferdinand St. Coral Gables, FL 33			UL -9 PM 4:4 TARY OF STATE IASSEE, ELORIDA
ARTICLE III The purpose for the auto im	PURPOSE r which the corporation is organized is: to p mune disease Myasthenia Gravis	rovide suppo	ort, education, and informati	on regarding se awareness
	ssistance to indivisuals affected by 's the opportunity to tell their story			will give
ARTICLE IV the CEO.			directors are elected and appointed:	appointed by
Name and Title	Toska Shemoneh-CEO	Name and Title	Samuel Shemoneh-Preside	ent
Address	907 Ferdinand St.	Address:	907 Ferdinand St.	-
	Coral Gables, FL 33134	- 2001	Coral Gables, FL 33134	
Name and Title	LaRone Thomas Jr-Vice Preside	Name and Title	Luke-Allen Lane-Director	-
Address	907 Ferdinand St.	Address:	907 Ferdinand St.	
71001033	Coral Gables, FL 33134	11441-455	Coral Gables, FL 33134	
Name and Title	:	Name and Title Address:		

Name and Title:_		Name and Title:	
Address	·-··	Address:	
_		 	· · · · · · · · · · · · · · · · · · ·
_			
		- :	
Name and Title:		Name and Title:	·
Address		Address:	
_		<u> </u>	
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name:	Toska Shemoneh	. ,	
Address:	907 Ferdinand St. Coral Gab	les, FL	
Tiddi Oos.	33134	 	
ARTICLE VII	INCORPORATOR dress of the Incorporator is:		
	Toska Shemoneh	·	
Name:	907 Ferdinand St. Coral Gab	oles.FL	
Address:	33134	· · ·	
	ed as registered agent to accept service		
certificate, I am fo	miliar with and accept the appointment a		his capacity
	Required Signature of Registered	Agent	7 7 4 Date
I suhmit this door	ment and affirm that the facts stated here	_	t t
to the Department	of State constitutes a third degree felony	as provided for in s.817.155, F.S.	. 1
	ska Sumon	ih	7/7/14
	Required Signature of Incom	porator	Late '
			17 SEC 7.4.1.
			T T T T T T T T T T T T T T T T T T T
			EFF PLE
			1000 F
			<u>4</u>