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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/10/14

## COVER LETTER

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

**SUBJECT:** SnowFlake Community.org 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:** Toska Shemoneh  
\_\_\_\_\_  
Name (Printed or typed)

907 Ferdinand St  
\_\_\_\_\_  
Address

Coral Gables, FL 33134  
\_\_\_\_\_  
City, State & Zip

414-412-5528  
\_\_\_\_\_  
Daytime Telephone number

thesnowflakedisease@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: SnowFlakeCommunity.org Corp.

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**ARTICLE II      PRINCIPAL OFFICE**

Principal street address:

907 Ferdinand St. Coral Gables, FL 33134

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: to provide support, education, and information regarding  
the auto immune disease Myasthenia Gravis. SnowflakeCommunity.org Corp. will raise awareness  
and offer assistance to individuals affected by the disease. SnowflakeCommunity.org will give  
Myasthenic's the opportunity to tell their story and give them a voice.

**ARTICLE IV      MANNER OF ELECTION**

The manner in which the directors are elected and appointed: appointed by  
the CEO.

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

Name and Title: Toska Shemoneh-CEO

Address: 907 Ferdinand St.  
Coral Gables, FL 33134

Name and Title: Samuel Shemoneh-President

Address: 907 Ferdinand St.  
Coral Gables, FL 33134

Name and Title: LaRone Thomas Jr-Vice Preside

Address: 907 Ferdinand St.  
Coral Gables, FL 33134

Name and Title: Luke-Allen Lane-Director

Address: 907 Ferdinand St.  
Coral Gables, FL 33134

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: Toska Shemoneh  
Address: 907 Ferdinand St. Coral Gables, FL  
33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Toska Shemoneh  
Address: 907 Ferdinand St. Coral Gables, FL  
33134

*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*

Toska Shemoneh  
Required Signature of Registered Agent

7/7/14  
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.*

Toska Shemoneh  
Required Signature of Incorporator

7/7/14  
Date

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