

NK4000006735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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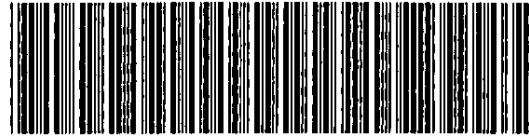
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

06/18/14--01006--017 **78.50

NK-37713

MD 7/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2014

THOMAS ORDONEZ
3341 S.W. 94TH PLACE
MIAMI, FL 33165

SUBJECT: AMERICAN HUMANITARIAN FOUNDATION, INC.
Ref. Number: W14000037713

We have received your document for AMERICAN HUMANITARIAN FOUNDATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 614A00013122

COVER LETTER

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

SUBJECT: **AMERICAN HUMANITARIAN FOUNDATION, 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: **THOMAS ORDONEZ**
Name (Printed or typed)

3341 SW 94 PLACE
Address

MIAMI FL 33165
City, State & Zip

Daytime Telephone number

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: AMERICAN HUMANITARIAN FOUNDATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3341 SW 94 PLACE
MIAMI FL 33165

Mailing address, if different is _____

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HUMANITARIAN HELP IN GENERAL

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

APPOINTED, BASED ON BY-LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS ORDONEZ - PRES/CEO

Name and Title: _____

Address 3341 SW 94 PLACE
MIAMI FL 33165

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

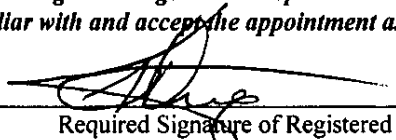
Name: THOMAS ORDONEZ
Address: 3341 SW 94 PLACE
MIAMI FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS ORDONEZ
Address: 3341 SW 94 PLACE
MIAMI FL 33165

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

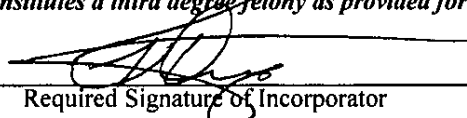


Required Signature of Registered Agent

06/13/2014

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

06/13/2014

Date