

N14000000 7529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

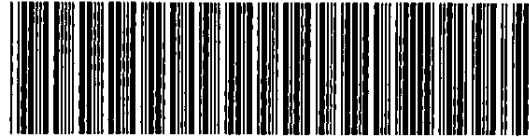
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/11-2889A

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COVER LETTER

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

SUBJECT: HUMANITARIAN INTERNATIONAL FOUNDATION OUTREACH MISSION SERVICES, 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: **FLOR M MOLINA**
Name (Printed or typed)

13110 SW 19TH DRIVE
Address

MIRAMAR, FL 33027
City, State & Zip

(786) 262-5353
Daytime Telephone number

molinaflor@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2014

FLOR M. MOLINA
13110 SW 19TH DRIVE
MIRAMAR, FL 33027

SUBJECT: HUMANITARIAN INTERNATIONAL FOUNDATION OUTREACH
MISSION SERVICES, CORP.
Ref. Number: W14000028894

We have received your document for HUMANITARIAN INTERNATIONAL FOUNDATION OUTREACH MISSION SERVICES, CORP. 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: 514A00009772

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

ARTICLE I NAME

The name of the corporation shall be: HUMANITARIAN INTERNATIONAL FOUNDATION OUTREACH MISSION SERVICES, INCORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
13110 SW 19TH DRIVE
MIRAMAR, FL 33027

Mailing address, if different is _____

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE MISSION IS TO BRING CHARITY TO UNDERPRIVILEGED PEOPLE, CHILDREN AND THEIR FAMILIES, IN DIFFERENT COMMUNITIES, CITIES COUNTRY.

AS A CHARITY AND MINISTRY, THIS WOULD CONCIIST OF DONATION, CLOTHS, MONEY AND FOODS, AS WELL AS SUPPORT SCHOOLS AS NEEDED, NURSING HOMES AND ANY MEDICAL SERVICES.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: SHALL BE ANNUALLY BY VOTE OF THE MEMBERS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FLOR M. MOLINA Name and Title: _____

Address: 13110 SW 19TH DRIVE Address: _____
MIRAMAR, FL 33027

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: _____

ARTICLE VI REGISTERED AGENT

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

Name:

FLOR M MOLINA

Address:

13110 SW 19TH DRIVE

MIRAMAR, FL 33027

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

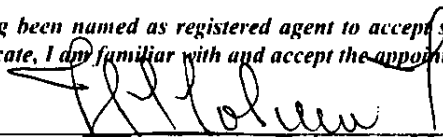
FLOR M MOLINA

Address:

13110 SW 19TH DRIVE

MIRAMAR, FL 33027

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

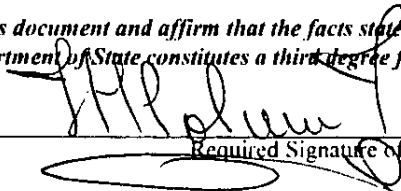


Required Signature of Registered Agent

08/03/2014

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

08/03/2014

Date