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## **COVER LETTER**

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

SUBJECT: The Tree of Hope, 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: Dr. I. M. Zaslow

Name (Printed or typed)

3217 N. W. 10th Terr., Suite 302

Address

Fort Lauderdale, FL 33309

City, State & Zip

954-641-1100

Daytime Telephone number

izaslow@lauderdalevets.com

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 The name of the	ne corporation shall be: The Tree of I	Hope, Inc.	<u></u>	<u>)</u>
ARTICLE II	PRINCIPAL OFFICE		 A	AON 5
321	Principal <u>street</u> address: 7 N.W. 10th Terrace		Mailing address, if different is:	2 7
Su	ite #302		F1 0)	# 72 C
Fo	rt Lauderdale, FL 33309		DA	0
ARTICLE II	T PURPOSE or which the corporation is organized is:	provide fi	inancial support for the	
	of emergency and special			
<del></del>	ions for families with finance			o avoid
	sia as an option when med			
			oo dan davo a mo.	
			<b>T1.</b>	D:4
ARTICLE IV			e directors are elected and appointed:	
De Initially	self appointed and elected by the B	oard of Direc	tors every three years thereafter.	<u>.</u> <del>-</del>
ARTICLE 1	7 INITIAL OFFICERS AND/OR DI	RECTORS		
Name and Titl	Dr. I. M. Zaslow, Director	Nome and Title	Mr. William Glaser, Director	
Address	3217 N. W. 10th Terr.	Address:	3217 N. W. 10th Terr.	
rtuuross	Suite #302	Audiess.	Suite #302	
	Fort Lauderdale, FL 33309		Fort Lauderdale, FL 33309	
Name and Title	Carolyn P. Zaslow, Director	Name and Title	Ms. Kimberly S. Spalt, Director	
Address	3217 N. W. 10th Terr.	Address:	3217 N. W. 10th Terr.	
	Suite #302	11001001	Suite #302	
	Fort Lauderdale, FL 33309		Fort Lauderdale, FL 33309	
Name and Title	Ms. Randi S. Gold, Director	Name and Title		
Address	3217 N. W. 10th Terr.	Address:		
	Suite #302			
	Fort Lauderdale, FL 33309			

Name and Title:	<u> </u>	Name and Title:	
Address		Address:	
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Name and Title:		Name and Title:	
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-		<u> </u>	10 NOV
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ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Dr. I. M. Zaslow	able) of the registered agent is:	01
Address:	3217 N. W. 10th Terr., Suite	302	
	Fort Lauderdale, FL 333	309	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	Idress of the Incorporator is:		
Name:	Dr. I. M. Zaslow		
Address:	3217 N. W. 10th Terr., Suite	302	
	Fort Lauderdale, FL 33	309	
certificate, I am j	med as registered agent to accept service of familiar with and accept the appointment as	f process for the above stated corporation at the place de registered agent and agree to act in this capacity/	esignated in this
	All Molow	11/2/20	14
	Required Signature of Registered A	gent Date	***
I submit this doc to the Departmen	ument and affirm that the facts stated herein t of State constitutes a third degree felony as	are true. I am aware that any false information submitte provided for in s.817.155, F.S.	d in a document
N2	1 CM Zanton		/
VII.	Required Signature of Incorpo	prator Date	2019
		,	

## Article VIII Dissolution of Assets

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

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