

NIS0000003012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

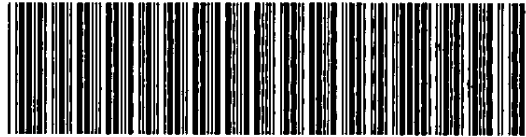
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: CHOOSE LOVE Foundation 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: Ana Gabriela Cordell
Name (Printed or typed)

6431 NW 192nd Lane
Address

Miami, FL 33015
City, State & Zip

305-206-6422
Daytime Telephone number

chooselovefoundation@gmail.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 NAME

The name of the corporation shall be: Choose Love Foundation Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6431 NW 192nd Lane
Miami, FL 33015

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: charitable organization.
To provide services to people
without homes.

ARTICLE IV MANNER OF ELECTION

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

<u>-President</u>	
Name and Title: <u>A. Gabriela Cordell</u>	Name and Title: <u>Andrés Santiago-Secretary</u>
Address: <u>6431 NW 192 Ln</u> <u>Miami, FL 33015</u>	Address: <u>383 University Drive #102</u> <u>Coral Gables, FL 33134</u>
<u>-TREASURER</u>	
Name and Title: <u>Denise Villardefrancos</u>	Name and Title: <u>Orlando Mendez - Vice-President</u>
Address: <u>14862 SW 69 ST</u> <u>Miami, FL 33193</u>	Address: <u>116520 SW 81 AVE</u> <u>Palmetto Bay, FL 33153</u>
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

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MAR 15 2015
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CLERK OF STATE
TALLAHASSEE FLORIDA

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: Ana Gabriela Cordell

Address: 6431 NW 192 Ln
Miami, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ana Gabriela Cordell

Address: 6431 NW 192 Ln
Miami, FL 33015

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

[Signature] Ana G. Cordell
Required Signature of Registered Agent

3-19-15
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.

[Signature]
Required Signature of Incorporator
Ana G. Cordell

3-19-15
Date

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TALLAHASSEE, FLORIDA