

N 15000007266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

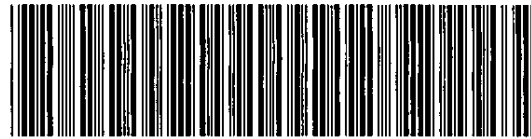
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUL 23 AM 9:14

CLERK OF STATE
NOTARIES - 10707

9.0c

7/28/15

COVER LETTER

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

SUBJECT: Andishkade Foundation Center for Knowledge and Awareness Inc.

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, & Certified Copy & Certificate
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<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
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FROM:
Name (Printed or typed)

Zelda M. Ladan

Address

4653 Tiffany Woods Circle

City, State & Zip

Oviedo, FL 32765

Daytime Telephone number

407-765-7766

E-mail address: (to be used for future annual report notification)

Andishkade2014@gmail.com

ADDITIONAL COPY REQUIRED

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 Andishkade Foundation Center for Knowledge and Awareness Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: Andishkade
5703 Red Bug Lake Road, Unit 190
Winter Springs, FL 32708

Mailing address, if different is: None

ARTICLE III PURPOSE

Campaign to promote knowledge

ARTICLE IV MANNER OF ELECTION

Directors will be elected for a two-year term; re-election is permitted. Vacancies between elections may be filled by board appointment.

ARTICLE V INITIAL DIRECTORS

Name and Title:	Amir H. Ladan, Director	Sanya Avazpour, Director	Miriam Mohsenin, Director
Address:	4653 Tiffany Woods Circle Oviedo, FL 32765	1173 Elm Street Oviedo, FL 32765	9291 Telfer Run Orlando, FL 32817

ARTICLE VI REGISTERED AGENT

Name: Sanya Avazpour
Address: 5703 Red Bug Lake Road, Unit 190
Winter Springs, FL 32703

ARTICLE VII INCORPORATOR

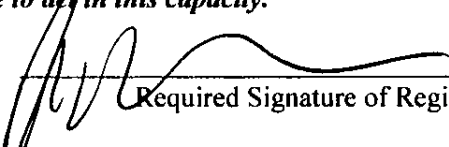
Name: Zelda M. Ladan
Address: 4653 Tiffany Woods Circle
Oviedo, FL 32765

ARTICLE VIII DISBURSEMENT OF FUNDS UPON DISSOLUTION

Funds held by the Foundation upon its dissolution must be donated to a non-profit organization selected by board-majority vote.

ARTICLE IX EFFECTIVE DATE: Date of Filing

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

7/20/15

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.



Required Signature of Incorporator

7/20/15

Date

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2015 JUL 23 AM 9:14
DEPARTMENT OF STATE
CORPORATION DIVISION