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COVER LETTER

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

SUBJECT: Kissimmee-Poinciana Homeless Outreach, 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: John Jones II {Yippiykiyay Nonprofit Solutions
Name (Printed or typed)

9200 E. Mineral Ave. Unit #101

Address

Centennial, CO 80112

City, State & Zip

(855) 893-3093

Daytime Telephone number

motibarbara@yahoo.com

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

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

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

ARTICLE I NAME

Kissimmee-Poinciana Homeless Outreach, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
714 Leopard Court

Mailing address, if different is: _____

Kissimmee, FL 34759

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Our outreach team serve the homeless on the streets, in shelters, in the woods and in motels

in Osceola County.

ARTICLE IV MANNER OF ELECTION

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

As provide for in bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mithleshwarie Moti; President

Name and Title: _____

Address: 714 Leopard Court

Address: _____

Kissimmee, FL 34759

Name and Title: Romel Austria; Secretary

Name and Title: _____

Address: 714 Leopard Court

Address: _____

Kissimmee, FL 34759

Name and Title: Amanda Mala; Treasurer

Name and Title: _____

Address: 714 Leopard Court

Address: _____

Kissimmee, FL 34759

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: Mithleshwarie Moti
Address: 714 Leopard Court
Kissimmee, FL 34759

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TALLAHASSEE
FLORIDA SECRETARY OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mithleshwarie Moti
Address: 714 Leopard Court
Kissimmee, FL 34759

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

MHM

Required Signature of Registered Agent

Jun 23, 2016

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.

MHM

Required Signature of Incorporator

Jun 23, 2016

Date

16 11 11 12:30