

N16000008081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

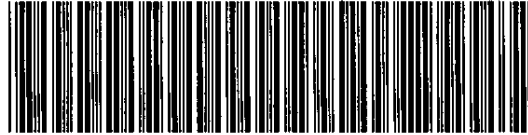
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Art Heals Us All 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: Guillermo Martinez
Name (Printed or typed)

12100 NW 11th Street
Address

Plantation, FL 33323
City, State & Zip

954-740-2446
Daytime Telephone number

arthealsusall@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: Art Heals Us All Inc. FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address:

12100 NW 11th Street
Plantation, FL 33323

Mailing address, if different is:

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13

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable purposes including, the distribution of the concept of art across South Florida and beyond, to children. As well as teaching art to low-income under hospitalized children. No part of the net earning of the incorporation shall inure to the benefit of its members, trustees, officers or other private persons, except that the incorporation shall be authorized to pay reasonable compensation for services rendered and for distribution of purpose. Upon dissolution of Incorporation, assets shall be distributed for a public purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|---|
| Name and Title: <u>Guillermo Martinez CEO</u> | Name and Title: <u>Sotia Lopez de Mesa Event director</u> |
| Address: <u>12100 NW 11th Street</u> | Address: <u>2120 NE 117 Road</u> |
| <u>Plantation, FL 33323</u> | <u>North Miami, Florida</u> |
| | <u>33181</u> |
| Name and Title: <u>Guillermo Martinez Jr. Communications Director</u> | Name and Title: <u>Megan Osorio event director</u> |
| Address: <u>12100 NW 11th Street</u> | Address: <u>3521 N 32nd</u> |
| <u>Plantation, FL 33323</u> | <u>tr, Hollywood,</u> |
| | <u>FL 33021</u> |
| Name and Title: <u>Maria Carnevali art director</u> | Name and Title: _____ |
| Address: <u>1800 S. Ocean Dr.</u> | Address: _____ |
| <u>HOLLANDALE BEACH,</u> | _____ |
| <u>FL 33009</u> | _____ |

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Guillermo Martinez Sr.

Address: 12100 NW 11th Street

Plantation, FL 33323

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amarilis Moran

Address: 3521 N 32nd

Ter. Hollywood, FL 33021

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/4/16
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

8/4/16
Date