

COVER LETTER

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

SUBJECT: SAVE A HEART FOUNDATION 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: ARIADNA OJEDA

Name (Printed or typed)

8230 CORAL WAY

Address

MIAMI, FL 33155

City, State & Zip

305-971-5232

Daytime Telephone number

AOJEDA@AYUDACENTER.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: SAVE A HEART FOUNDATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

671 NW 127TH PATH

SAME

MIAMI, FL 33182

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL
AND SCIENTIFIC PURPOSES, AS FULLY SET FORTH BELOW, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS
THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE INTERNAL REVENUE CODE.

A. TO PROMOTE AND FOSTER THE ELIMINATION OF PREVENTABLE DEATHS AND CRIPPLING DISABILITIES

AMONG ECONOMICALLY DISADVANTAGED YOUTH IN THE CARIBBEAN AND LATIN AMERICA.

B. TO PROMOTE AND ENCOURAGE LIFE SAVING CARDIAC SURGERY TO DISADVANTAGED CHILDREN.

C. TO RELIEVE THE POOR, HEAL THE SICK, AND AID THE DISTRESSED AND HELPLESS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

AS STATED IN THE BY-LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS M GHINAGLIA / P

Name and Title: GLORIA E DOMINGUEZ / VP

Address: 12314 SW 143RD LANE
MIAMI, FL 33186

Address: 12314 SW 143RD LANE
MIAMI, FL 33186

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
17 MAR -2 PM 3:52
SECRETARY 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: AYUDA CENTER

Address: 8230 CORAL WAY

MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LUIS M GHINAGLIA

Address: 12314 SW 143RD LANE

MIAMI, FL 33186

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

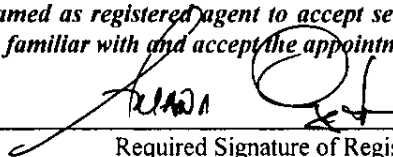
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

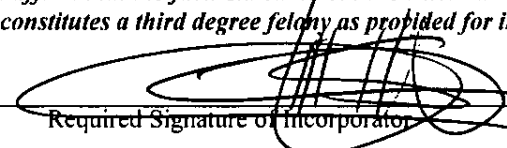


Required Signature of Registered Agent

2/20/12

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

2/20/12

Date