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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/30/17

COVER LETTER

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

SUBJECT: AL Mazraa AL Sharqia Charity Organization 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: KAYALIS & Co., P.A.
Name (Printed or typed)

13250 N. 56th St., Ste 102
Address

Tampa, FL 33617
City, State & Zip

813-899-9642
Daytime Telephone number

info@cpaask.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: AL MAZRAA AL SHARQUIA CHARITY ORGANIZATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
200 S. MAIN STREET

Mailing address, if different is:

BELLE GLADE, FL 33430

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to bring together the United States residents of Almazraa Alsharquia to preserve the cultural and social values through education and social events. The organization will aid in funding needy students of the village to achieve their goal of attaining higher education. It will provide financial aid to improve the health conditions of poor and needy people in Almazraa AL Sharquia through direct support to non-profit medical institutions which provide affordable and free medical care. It will provide financial aid to help build the infrastructure of the village.

This organization is organized exclusively for the charitable, social and educational purpose under section 501 (C) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors are to be appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nacer F Mustafa-Director

Address 2503 Bonterra Blvd.
Valrico, FL 33594

Name and Title: Rafik Halim-Director

Address 225 George Town Loop
Wauchula, FL 33873

Name and Title: Anas Shalabi-Director

Address 10512 Avian Forrest Dr.
Riverview, FL 33578

Name and Title: Zaben Ibrahim-Director

Address 427 Cobblewood Dr.
Rockledge, FL 32955

Name and Title: Abdul Shatara-Director/Chairman

Address 200 S. Main Street
Belle Glade, FL 33430

ARTICLE VI DISSOLUTION

Upon the dissolution of this organization, assets shall be distributed to one or more exempt purpose organizations within the meaning of section 501 (C) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

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ARTICLE VII REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Abdul Shatara
Address: 200 S. Main Street-
Belle Glade, FL 33430

ARTICLE VIII INCORPORATOR

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

Name: Abdul Shatara
Address: 200 S. Main Street-
Belle Glade, FL 33430

ARTICLE IX 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

5-15-12
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

5-15-12
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA