

8/5/2017

Division of Corporations

N17000006090

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: aliza.benshimon@gtax.com

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
BELIEVE IN KINDNESS INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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JUN 07 2017

COVER LETTER

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

SUBJECT: Believe in Kindness 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: Fortuna Ludmir
Name (Printed or typed)

18660 Collins Ave suite 107

Address

Sunny Isles Beach FL 33160

City, State & Zip

(305) 692-5204

Daytime Telephone number

Aliza.Benshimon@gtax.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: Believe in Kindness Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

N/A

18660 Collins Ave suite 107

Sunny Isles Beach FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Believe in Kindness Inc is organized exclusively for charitable purposes within the meaning of the IRS Code sec 501(c)(3), namely: To assist the ill, the suffering, those in emotional pain and their families in South Florida and elsewhere by providing support, hope and gifts. This organization will encourage spontaneous acts of kindness to others. It will purchase and then distribute gifts in hospitals and other places, and urge each recipient to pass on gifts to others in need. This organization will provide outreach, support services, meals, monetary grants, and visitations to benefit the ill and other disadvantaged and suffering people. In the event of its dissolution the Directors will, after clearing all debts, distribute all remaining assets to other 501(c)(3) recognized charitable organizations with similar goals.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Fortuna Ludmir Director/President</u>	Name and Title:	<u></u>
Address	<u>18660 Collins Ave suite 107</u>	Address:	<u></u>
	<u>Sunny Isles Beach FL 33160</u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u>Victoria Campo Director /Secretary</u>	Name and Title:	<u></u>
Address	<u>202 NW 9th Ave</u>	Address:	<u></u>
	<u>Ft Lauderdale FL 33311</u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u>Osnat Geri Director</u>	Name and Title:	<u></u>
Address	<u>21055 NE 37th Ave Apt 605</u>	Address:	<u></u>
	<u>Aventura, FL, 33180</u>		<u></u>
	<u></u>		<u></u>

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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: Fortuna Ludmir
Address: 18660 Collins Ave suite 107
Sunny Isles Beach FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Fortuna Ludmir
Address: 18660 Collins Ave suite 107
Sunny Isles Beach FL 33160

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

(X) [Signature]
Required Signature of Registered Agent

6/20/2017
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.

(X) [Signature]
Required Signature of Incorporator

6/20/2017
Date