

N17000007477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

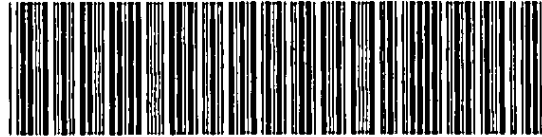
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200301491552

200301491552
07/19/17-01033-008 **78.75

17 JUL 18 AM 10:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

07/19/17

COVER LETTER

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

SUBJECT: The Gift of Giving 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: Ariel Acevedo

Name (Printed or typed)

15294 SW 21st Street

Address

Miramar, FL 33027

City, State & Zip

786-512-4524

Daytime Telephone number

aderlieariel@aol.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: The Gift of Giving Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

15294 SW 21st Street

Miramar, FL 33027

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to focus on the improvement of lives for individuals and families who have a chronic or life-threatening disease.

ARTICLE IV MANNER OF ELECTION

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

As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ariel Acevedo, President

Address: 15294 SW 21st Street

Miramar, FL 33027

Name and Title: Froilan Urena, Director

Address: 15294 SW 21st Street

Miramar, FL 33027

Name and Title: Millie Gonzalez, Secretary

Address: 15294 SW 21st Street

Miramar, FL 33027

Name and Title: _____

Address: _____

Name and Title: Rigoberto Umana, Treasurer

Address: 15294 SW 21st Street

Miramar, FL 33027

Name and Title: _____

Address: _____

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: Ariel Acevedo

Address: 15294 SW 21st Street

Miramar, FL 33027

ARTICLE VII INCORPORATOR

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

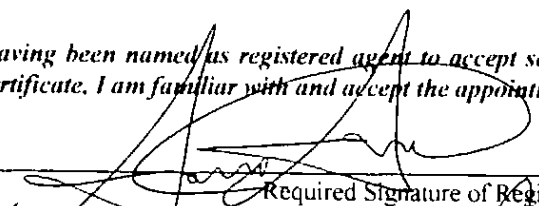
Name: Ariel Acevedo

Address: 15294 SW 21st Street

Miramar, FL 33027

17 JUL 18 AM 10:18
STATE
OF FLORIDA

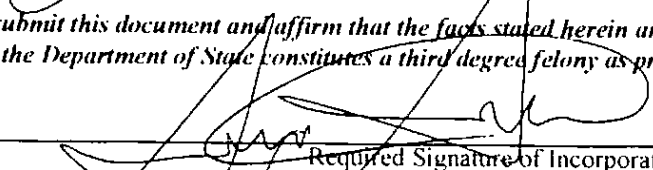
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

7/12/17
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

7/12/17
Date