

N17000009291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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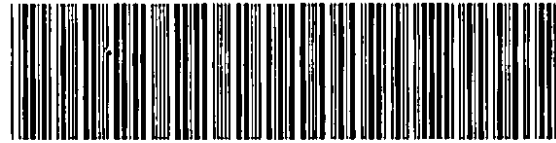
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 SEP 13 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 14 2017
C Kinsey

COVER LETTER

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

Rivly's Gifts Foundation Inc.

SUBJECT: _____

(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: Rivly Breus

Name (Printed or typed)

250 NW 140th St

Address

Miami, FL 33168

City, State & Zip

(305) 967-9736

Daytime Telephone number

rivlyb@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

Rivly's Gifts Foundation Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address:

250 NW 140th St Miami, FL 33168

Mailing address, if different is:

ARTICLE III PURPOSE

exclusively for non-profit & charitable purposes in accordance with

The purpose for which the corporation is organized is:

Section 501(c)(3) of the Internal Revenue Code. More specifically, Rivly's Gifts Foundation Inc. is dedicated to reducing poverty in

the Dominican Republic through humanitarian assistance, free educational programs, and building of infrastructure.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

is stated in the bylaw:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ligonde Emmanuel Raphael ^{V.P}

Address: 250 NW 140th St Miami
FL 33168

Name and Title: Paul Hilaire Etienne ^S

Address: 250 NW 140th St
Miami, FL 33168

Name and Title: John King'ori Kariuki ^D

Address: 250 NW 140th St
Miami, FL 33168

Name and Title: Rita Breus ^T

Address: 250 NW 140th St
Miami FL 33168

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 SEP 13 AM 8:49

FILED

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:

Rita Breus

Name: _____

250 NW 140th St

Address: _____

Miami, FL 33168

ARTICLE VII INCORPORATOR

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

Rivly Breus

Name: _____

250 NW 140th St

Address: _____

Miami, FL 33168


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

9/5/17
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

9/5/17
Date