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(Business Entity Name)

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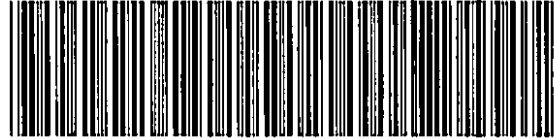
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AND
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COVER LETTER

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

SUBJECT: Horizons Business Development Center 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: Kasandra Barrett

Name (Printed or typed)

741 SE 2nd Street

Address

Homestead Florida 33030

City, State & Zip

786 486 3968

Daytime Telephone number

kasandra@strategicconsultingpros.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: Horizons Business Development Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

741 SE 2nd Street Homestead Fl 33030

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The organization is organized and operated exclusively for charitable,
religious, educational and scientific purposes within the meaning of Section of 501(c)(3) of the Internal Revenue Code or
corresponding sections of any future tax code(s). Upon dissolution of the corporation, assets shall be distributed for one or more
exempt purposes within the meaning of Section of 501(c)(3) of the Internal Revenue or corresponding sections of any future tax
code(s) or shall be distributed to the federal government or state or local government for public purposes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors will be
nominated and a majority vote required of the present members at the
annual election meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Kasandra Barrett - CEO</u>	Name and Title:	<u>Patrick Hall - Secretary</u>
Address	<u>741 SE 2nd Street</u>	Address:	<u>108 SE 36th Ave</u>
	<u>Homestead Florida 33030</u>		<u>Miami Florida 33033</u>
Name and Title:	<u>Kelvin Darrough - President</u>	Name and Title:	
Address	<u>16521 SW 107th Ave</u>	Address:	
	<u>Miami Florida 33157</u>		
Name and Title:	<u>Patrick Hall - Vice President</u>	Name and Title:	
Address	<u>108 SE 36th Ave</u>	Address:	
	<u>Homestead Florida 33033</u>		

17 NOV - 3 AM 9:16

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: Kasandra Barrett
Address: 741 SE 2nd Street
Homestead Fl 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kasandra Barrett
Address: 741 SE 2nd Street
Homestead Fl 33030

ARTICLE VIII EFFECTIVE DATE: 10/26/17

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)

10/26/17

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

10/26/17

Date