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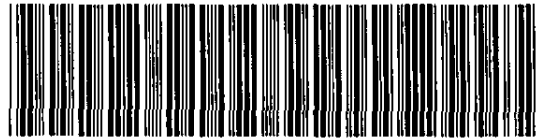
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

enitia corporation

EMPOWERING ■ AMERICA'S ■ ENTREPRENEURS

Enitia Corporation

315 West Huron, Suite 240

Alex Arbor, MI 48103

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

November 30, 2017

Re: Hearts for Victoria Foundation Inc.

Dear Sir or Madam:

Enitia Corporation has been authorized by Juan Quiroz to file the enclosed Articles for Hearts for Victoria Foundation Inc..

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)
documents@directincorporation.com

We have enclosed an additional \$8.75 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Enitia Corporation

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Hearts for Victoria 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: Shannon Stahlin
Name (Printed or typed)

315 W Huron St., Ste 240
Address

Ann Arbor, MI 48103
City, State & Zip

877-281-6496
Daytime Telephone number

documents@directincorporation.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: Hearts for Victoria Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

14852 SW 70th Street

Miami, FL

33193

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. The specific purpose of the corporation is:

Benefit foundation

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manuel Orellana, Director

Name and Title: _____

Address 14852 SW 70th Street
Miami, FL 33193

Address: _____

Name and Title: Maria Estrella, Director

Name and Title: _____

Address 14852 SW 70th Street
Miami, FL 33193

Address: _____

Name and Title: Juan Quiroz, Director

Name and Title: _____

Address 2200 NW 72ND AVENUE #524614
Miami, FL 33152

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Juan Quiroz
Address: 2200 NW 72ND AVENUE #524614
Miami, FL 33152

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan Quiroz
Address: 2200 NW 72ND AVENUE #524614
Miami, FL 33152

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TALLAHASSEE, FLORIDA

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

Juan Quiroz

Required Signature of Registered Agent

11/30/2017

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.

Juan Quiroz

Required Signature of Incorporator

11/30/2017

Date