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**DECEMBER 30, 2017** 

Secretary of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

RE: CHARITIES OF THE EDMOND FAMILY FOUNDATION, INC. Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$78.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee For Registered Agent Designation for the above named corporation.

Truly Yours,

Minerva F. Ramos Public Notary

# ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit)

**OF** 

# CHARITIES OF THE EDMOND FAMILY FOUNDATION, INC.

The undersigned acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

#### ARTICLE 1 - CORPORATE NAME

The name of the corporation shall be:

## CHARITIES OF THE EDMOND FAMILY FOUNDATION, INC.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

## ARTICLE III - PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

# CHARITIES OF THE EDMOND FAMILY FOUNDATION, INC. 7539 SPRING HILL DRIVE SPRING HILL, FL. 34606

### ARTICLE IV - PURPOSE (S)

The specific purpose (s) for which the corporation is organized is (are):

Our mission at Charities Of The Edmond Family Foundation, Inc. is to facilitate charitable giving and to provide support to the children And Adults at risk and to help our communities through fund raising and volunteer efforts.

# ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the Initial Registered Agent of this Corporation:

NAME: Jose S. Ramos

ADDRESS: 2344 Crestover Lane

CITY: Wesley Chapel, FL 33544

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Five (5) Directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and address of the initial director(s) of the corporation are as follows:

NAME:

Macula Edmond - President & Director

ADDRESS:

7539 Spring Hill Drive

CITY:

Spring Hill, Fl 34606

NAME:

Marie Yesmine Cabarcas - Secretary

ADDRESS:

7539 Spring Hill Drive

CITY:

Spring Hill, FL 34606

NAME:

Jacques Philippe Metayer - Vice President

ADDRESS:

7539 Spring Hill Drive

CITY:

Spring Hill, FL34606

NAME:

Jose S Ramos - Vice President

ADDRESS: 7539 Spring Hill Drive

CITY:

Spring Hill, FL 34606

NAME:

Jimmy Edmond - Treasurer

ADDRESS:

7539 Spring Hill Drive

CITY:

Spring Hill, Fl 34606

NAME:

ADDRESS:

CITY:

# ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME:

MACULA EDMOND

ADDRESS: 7539 SPRING HILL DRIVE

CITY:

SPRING HILL FL

34606

NAME:

JIMMY EDMOND

ADDRESS: 7539 SPRING HILL DRIVE

CITY:

SPRING HILL FL

34606

NAME:

ADDRESS:

CITY:

NAME:

ADDRESS:

CITY:

## ARTICLE VIII - LIMITATION OF CORPORATION POWER

The corporate powers of this corporation are as provided in Section 617.0302, Florida Statutes, unless limited as follows:

On the By-Laws.

## ARTICLE IX - DISSOLUTION OF THE CORPORATION

Dissolution provision: Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501@ (3) of the Internal Revenue Code or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this <sup>30TH</sup> day of DECEMBER, 2017.

Signature(s) of the Incorporator(s)

# STATE OF FLORIDA **COUNTY OF PASCO**

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared MACULA EDMOND AND JIMMY EDMOND who acknowledged, and

executed before me these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and

County aforesaid, this 30TH day of DECEMBER, 2017.

(Notary Public, State of Florida)

My Commission expires



### CERTIFICATE OF DESIGNATION

# REGISTERED AGENT/ REGISTERED OFFICE

**OF** 

# CHARITIES OF THE EDMOND FAMILY FOUNDATION, INC.

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statements in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporations is: CHARITIES OF THE EDMOND FAMILY FOUNDATION, INC.
- 2. The name and address of the registered agent and office is:

Jose S. Ramos 2344 Crestover Lane Bldg. #7 Wesley Chapel, Fl. 33544

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and Agree to act in this capacity. I further Agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as Registered Agent.

DECEMBER 30, 2017
Date: