N18000001145

	(Requestor's Name)	
	(Address)	_
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	
	(Document Number) Certificates of	Status

Office Use Only



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

SUBJECT: In Humanity's Footsteps, 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: Aley Sheer

Name (Printed or typed)

1609 East Lake Way

Weston, FL 33326

City, State & Zip

954-385-3833

Daytime Telephone number

aleysheer@gmail.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 The name of th	<u>NAME</u> ne corporation shall be: In Humanity's	Footsteps	s, Inc.
ARTICLE II			
160	Principal <u>street</u> address: 9 East Lake Way		Mailing address, if different is:
We	eston, FL 33326		
ARTICLE II	TO which the corporation is organized is:	provide a	Holocaust education program for
			ing on diversity, prejudice, hatred,
racism a	ind genocide.		
	· · · · · · · · · · · · · · · · · · ·		
ARTICLE II		anner in which the	e directors are elected and appointed:
As set forti	h in the bylaws.		
ARTICLE \	V INITIAL OFFICERS AND/OR DI	PFCTORS	
Name and Titl	Aley Sheer, President	Name and Title	Golda Retchkiman, Secretary
Address	1609 East Lake Way	Address:	3301 N.E. 183rd St, Unit 2806
	Weston, FL 33326		Aventura, FL 33160
	Maureen Carter Treasurer		
Name and Titl	6/10 Long Koy Ln		:
Address		Address:	
	Boynton Beach, FL 33472		
			<u> </u>
Name and Titl	lo:	Name and Title	<u>:</u>
Address		Address:	
		- c transce tech?	

Name and Title:		Name and Title:		
Address _		Address:		
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Name and Title:		Name and Title:		
Address _		Address:		
-				
ARTICLE VI	REGISTERED AGENT			
The name and F	Torida street address (P.O. Box NOT ac	ceptable) of the registered agent is:		
Name:	Aley Sheer			
Address:	1609 East Lake Way			
	Weston, FL 33326		<i>:</i>	
ARTICLE VII	INCORPORATOR ddress of the Incorporator is:			
Name:	Aley Sheer			
Address:	1609 East Lake Way			
,	Weston, FL 33326			<u>ረ</u> ኅ
Having been na certificate, I am	med as registered agent to accept servi familiar with and accept the appointmen	ce of process for the above stated corpo at as registered agent and agree to act in t	eration at the place describes capacity	ignated in this
	Ally Sheer		1/23/1-	
	Required Signature of Register	red Agent	Date	
I submit this doc	rument and affirm that the facts stated h	erein are true. I am aware that any false	information submitted	in a document
to the Departmen	nt of State constitutes a third degree felo. Required Signature of Inc.	ny as provided for in s.817.155, F.S.	1/23/17	•
<u></u>	Required Signature of Inc	corporator	Date	