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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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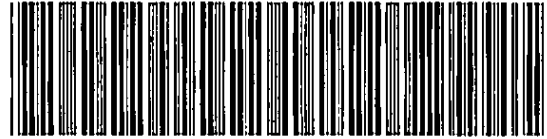
(Business Entity Name)

(Document Number)

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18 MAR - 8 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAR 15 2018

COVER LETTER

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

SUBJECT: Whole Again The 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: Isabel Gonzalez

Name (Printed or typed)

14601 Hotel Road Suite 101

Address

Miramar FL, 33027

City, State & Zip

(954) 933 8299

Daytime Telephone number

neuro.rivera@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 NAME

The name of the corporation shall be: Whole Again The Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
14601 Hotel Road Suite 101 Miramar FL, 33027

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: • Purpose one engage in charitable activities, such as religious, educational pur

• Purpose two this corporation is organized to provide the community with mental health services including, but not limited to, neurop

• Purpose three corporation is organized to serve public interests; and etc.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided for in the

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jessica Rivera, President Name and Title: _____

Address: 14601 Hotel Road Suite 101 Address: _____
Miramar FL, 33027

Name and Title: Isabel Gonzalez, Director Name and Title: _____

Address: 14601 Hotel Road Suite 101 Address: _____
Miramar FL, 33027

Name and Title: Lorena Contreras, Secretary Name and Title: _____

Address: 14601 Hotel Road Suite 101 Address: _____
Miramar FL, 33027

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: Isabel Gonzalez
Address: 14601 Hotel Road Suite 101
Miramar FL, 33027

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jessica Rivera
Address: 14601 Hotel Road Suite 101
Miramar FL, 33027

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

3/5/18

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

3/5/18

Date