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(City/State/Zip/Phone #)

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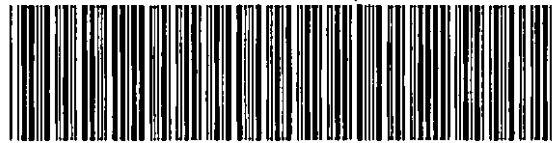
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR -9 AM 9:18

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COVER LETTER

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

SUBJECT: **SHALOM EYECARE MINISTRIES, 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: **David Rivera**
Name (Printed or typed)

5060 Whistling Wind Ave.
Address

Kissimmee FL 34858
City, State & Zip

(407) 346-4009
Daytime Telephone number

dave_rivera51@hotmail.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: SHALOM EYECARE MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5060 Whistling Wind Ave.

Kissimmee FL 34858

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to go out into the neighborhoods of our beloved nation
as well as other countries, to bring Eye Care Services to those less fortunate who do not have the resources and can not afford a pair of eyeglasses.

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

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

As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Rivera President
Address: 5060 Whistling Wind Ave
Kissimmee FL 34758

Name and Title: Douglas Gooden Vice-President
Address: 850 Perth Place (Apt. 303)
Kissimmee FL 34758

Name and Title: Michelle Polihronakis Treasurer
Address: 4771 Capital Blvd.
Saint Cloud FL 34769

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR -9 AM 9:18

FILED

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: David Rivera

Address: 5060 Whistling Wind Ave

Kissimmee FL 34758

ARTICLE VII INCORPORATOR

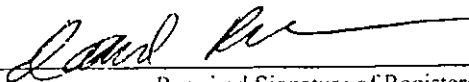
The name and address of the Incorporator is:

Name: David Rivera

Address: 5060 Whistling Wind Ave

Kissimmee FL 34758

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

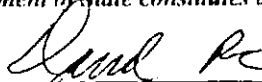


Required Signature of Registered Agent

03- - 2018

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

03- - 2018

Date