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ESS WORLD TRANS

305 646-1527

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Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305) 803-2736  
Fax Number : (305) 646-1527

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
YOLIS HEALING HEARTS FOUNDATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 APR 26 PM 12:00

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APR 27 2018

T. SCOTT

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

**ARTICLE I NAME**The name of the corporation shall be: YOLIS HEALING HEARTS FOUNDATION, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:  
1300 15 COURTLOT 21KEY WEST, FL. 33040Mailing address, if different is:  
1300 15 COURTLOT 21KEY WEST, FL. 33040**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE PURPOSE OF THIS CORPORATION SHALL BE TO COLLECT FUNDS IN ORDER TO DONATE TO OTHER FOUNDATIONS AND NEEDY CAUSES.**ARTICLE IV MANNER OF ELECTION**The manner in which the directors are elected and appointed: By A MAJORITY vote at an annual meeting.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ESMERALDA ALCOCER (PRESIDENT & TREASURER & Director)Address: 1300 15 COURTLOT 21KEY WEST, FL. 33040Name and Title: LUIS E. JIMENEZ (PRESIDENT & SECRETARY & Director)Address: 1300 15 COURTLOT 21KEY WEST, FL. 33040Name and Title: Mamely Jimenez (Vice President & Director)Address: 1300 15 COURTLot 21Key West FL. 33040FILED  
2018 APR 26 PM 12:00  
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TALLAHASSEE, FLORIDA

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: ESMERALDA ALCOCER  
Address: 1300 15 COURT LOT 21  
KEY WEST, FL. 33040

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: ESMERALDA ALCOCER  
Address: 1300 15 COURT LOT 21  
KEY WEST, FL. 33040

**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*

Esmeralda Alcocer

Required Signature of Registered Agent

04-26-2018

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.*

Esmeralda Alcocer

Required Signature of Incorporator

04-26-2018

Date