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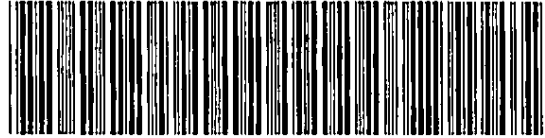
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T. SCOTT



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2018 AUG 10 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Heroes of Tomorrow 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: Roger SLAOF
Name (Printed or typed)

10150 SW 58 St.
Address

Miami, FL 33173
City, State & Zip

305 968-9919
Daytime Telephone number

RSLAOF@ohaberlaw.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: Heroes of Tomorrow Foundation, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10150 SW 58 St Miami FL 33173

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Charitable Educational

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TALLAHASSEE, FLORIDA

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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors elected Annually at the Annual Meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Slade, President

Address: 10150 SW 58 St
Miami, FL 33173

Name and Title: Jose Sotomayor, Treasurer

Address: c/o BBVA COMPASS BANK
1450 Brickell Avenue
Miami, FL 33131

Name and Title: Edly Barba, Vice-President

Address: 2263 SW 12 St
Miami, FL 33135

Name and Title: _____

Address: _____

Name and Title: Bethna Leon, Vice-President

Address: 5850 NW 111 Ave.
Doral, FL 33178

Name and Title: _____

Address: _____

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: ROGER SLADE, ESQ.

Address: C/O HOBEN SLADE

201 S. BISCAYNE BLVD., MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROGER SLADE

Address: 10150 SW 58 ST

MIAMI, FL 33173

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A (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

8/6/18

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

8/6/18

Date



201 S BISCAYNE BLVD
SUITE 1205
MIAMI, FL 33131

USPS CERTIFIED MAIL



9214 8901 9403 8308 6457 38

1000 002
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO Box 6327
TALLAHASSEE FL 32314-6327

Return Ref#: 1000.002

Postage: \$5 6300