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(((H190001071283)))



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Division of Corporations

Fax Number : (850)617-6381

From:

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: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number: IZ0000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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FLORIDA PROFIT/NON PROFIT CORPORATION CHARMS OF HOPE INC

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April 2, 2019

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICES INC

SUBJECT: CHARMS OF HOPE INC

REF: W19000033103

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filling cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.

http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abb reviations/

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

FAX Aud. #: H19000107128 Letter Number: 619A00006504

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

The name of the	corporation shall be:	HARMS OF HOPE	INC			
ARTICLE II	PRINCIPAL OFFIC	<u>E</u>				
5600	Principal <u>street</u> addre	ess:		Mailing addres	s, if different is:	
MAN —	AI, FL 33143					
	PURPOSE r which the corporation uch purposes, the makin	is organized is		ganized exclusively fo	··	
of the Internal	Revenue Code, or the co	orresponding section	of any future fe	deral tax code.		
The corporation	a is organized to sell jev	velry and use the pro	oceedings to com	ribute to other organiza	ations that research in	the cure
of various dise	uses, such as cancer, dia	betes, Alzheimer, an	nd others	-	~	
			<u> </u>			
By N ARTICLE Y	MANNER OF ELEC- linutes and by laws.	·•-		ectors are elected and ap	pointed:	
Name and Title	Christine Capo I	?/D	Name and Title	Paulina Hernande2	VP/D	
Address	5600 SW 75 Avenue	· <u>-</u>	Address:	5600 SW 75 Avenue		
	Mismi, FL 33143			Miami, FL 33143		
Name and Title:			Name and Title			
Address			Add re ss:			
Name and Title:			Name and Title			
Address					·	
71441633	·		Address:			
- -						
-						

Name and Title:_		Name and Title:
Address _		Address:
-		
Name and Title:_		Name and Title:
Address		Address:
–		
ARTICLE VI The name and Fl	<u>REGISTERED AGENT</u> prida street addresi (P.O. Box NOT a	acceptable) of the registered agent is:
Name:	Christine Capo	
Address:	5600 SW 75 Avenue	
	Miami, FL 93143	· -
The name and ad Name:	INCORPORATOR Idress of the Incorporator is: Christine Capo 5600 SW 75 Avenue	
Address:	Miami, FL 33143	
Effective date if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specifi	. (OPTIONAL) ic and cannot be more than five days prior or 90 days after the filing.)
Note: If the date document's effect	inserted in this block does not meet the	ne applicable statutory filing requirements, this date will not be listed as the records.
Having been name certificate, I am f	med as registered agent to accept servantian with and accept the appointment of Registered Signature of Regist	vice of process for the above stated corporation at the place designated in this ent as registered agent and agree to act in this capacity 3/35/19 Date
I submit this docs	ment and affirm that the facts stated Lof State constitutes a third degree fel	herein are true. I am aware that any false information submitted in a document
L'in Department	Required Signature of L	3/25/19