

N19000 008 936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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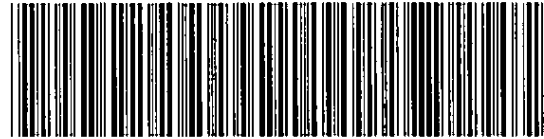
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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D O'KEEFF  
AUG 29 2019

## COVER LETTER

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

**SUBJECT:** Children Who Dream 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:** Jacquelyn Long  
\_\_\_\_\_  
Name (Printed or typed)

PO Box 2715  
\_\_\_\_\_  
Address

Centennial, CO 80161  
\_\_\_\_\_  
City, State & Zip

303-306-4669  
\_\_\_\_\_  
Daytime Telephone number

support@heroes.do  
\_\_\_\_\_  
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** Children Who Dream Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
5125 Palm Springs Blvd, Unit 12206  
Tampa, FL 33647  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Help for children with disabilities in the third world by providing support and assistance to the children and their families. SEE ATTACHED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Provided in bylaws  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|                 |   |                 |                         |
|-----------------|---|-----------------|-------------------------|
| Name and Title: | Malcolm Boyd, President/Director                      | Name and Title: | _____                   |
| Address         | 5125 Palm Springs Blvd, Unit 12206<br>Tampa, FL 33647 | Address:        | _____<br>_____<br>_____ |

|                 |   |                 |                         |
|-----------------|---|-----------------|-------------------------|
| Name and Title: | Vanessa Boyd, Treasurer/Director                      | Name and Title: | _____                   |
| Address         | 5125 Palm Springs Blvd, Unit 12206<br>Tampa, FL 33647 | Address:        | _____<br>_____<br>_____ |

|                 |   |                 |                         |
|-----------------|---|-----------------|-------------------------|
| Name and Title: | Adriana Rebold, Secretary/Director                    | Name and Title: | _____                   |
| Address         | 5125 Palm Springs Blvd, Unit 12206<br>Tampa, FL 33647 | Address:        | _____<br>_____<br>_____ |

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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: Malcolm Boyd  
Address: 5125 Palm Springs Blvd, Unit 12206  
Tampa, FL 33647

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Malcolm Boyd  
Address: 5125 Palm Springs Blvd, Unit 12206  
Tampa, FL 33647

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08/16/2019 BY 60322 UCBAW

**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.)

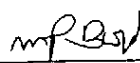
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

08/16/2019  
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

08/16/2019  
Date

## **Addendum, to Articles of Incorporation**

### **Purpose Clause:**

This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

### **Dissolution Clause:**

Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose.