

N200000001217

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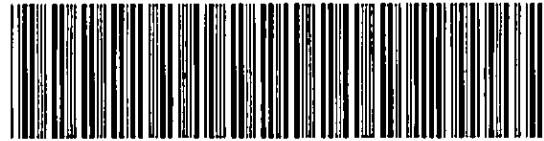
(Business Entity Name)

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FILED  
JAN 13 2020  
FEB 13 2020

## COVER LETTER

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

**SUBJECT:** HOMESTEAD OUTREACH TEAM 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:** NANCY GARCIA  
\_\_\_\_\_  
Name (Printed or typed)

27301 SW 167 AVE  
\_\_\_\_\_  
Address

HOMESTEAD FL 33031  
\_\_\_\_\_  
City, State & Zip

(786) 486-1111  
\_\_\_\_\_  
Daytime Telephone number

NSGARCIA95@GMAIL.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 ORGANIZATION

SECTION I: ARTICLES OF INCORPORATION of the undersigned, a majority of whom are citizens of the United States, desiring to form a Florida Not-For-Profit Corporation under Florida Statute Ch. 617, et seq., do hereby certify:

FIRST: The name of the corporation shall be: Homestead Outreach Team Inc.

SECOND: The place in the State of Florida where the principal office of the corporation is to be located is 27301 SW 167 Ave, Homestead, FL 33031 within Miami-Dade County.

THIRD: The mission of the Homestead Outreach Team Inc. is to provide volunteer assistance within our local community with an emphasis on the hungry, children with severe, medical needs, animals in need and members of the military and their families.

FOURTH: The names and addresses of the persons who are the initial trustees of the corporation are as follows:

1. NAME: Nancy Garcia, President  
ADDRESS: 27301 SW 167 Ave, Homestead, FL 33031
2. NAME: Dina Martins, Secretary  
ADDRESS: 26635 SW 173 Ct, Homestead, FL 33031
3. NAME: Anthony Garcia, Vice President/Treasurer  
ADDRESS: 27301 SW 167 Ave, Homestead, FL 33031

The name and address of the person who is the initial Registered Agent is as follows:

1. Registered Agent: Nancy Garcia  
ADDRESS: 27301 SW 167 Ave, Homestead, FL 33031

The name and address of the person who is the initial incorporator is as follows:

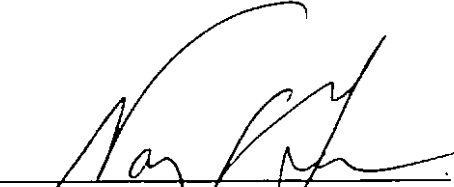
1. Initial Incorporator Name: Nancy Garcia  
ADDRESS: 27301 SW 167 Ave, Homestead, FL 33031

FIFTH: No part of the net earnings of the corporation shall inure to the benefit of, or be distributed to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate on, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these

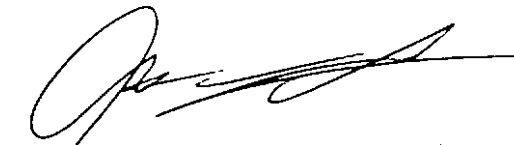
Articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

SIXTH: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization(s), as said court shall determine which are organized and operated exclusively for such purposes.

IN WITNESS WHEREOF, we have hereunto subscribed our names this 2<sup>nd</sup> day of January, 2020.

x   
\_\_\_\_\_  
NANCY GARCIA, PRESIDENT

x   
\_\_\_\_\_  
DINA MARTINS, SECRETARY

x   
\_\_\_\_\_  
ANTHONY GARCIA, VICE PRESIDENT/TREASURER

## **CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE**

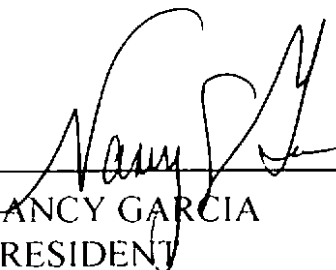
Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is: HOMESTEAD OUTREACH TEAM INC.

2. The name and address of the registered agent and office is:

NANCY GARCIA  
27301 SW 167 AVE  
HOMESTEAD FL 33031

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

x  x 1/2/2020  
\_\_\_\_\_  
NANCY GARCIA                      DATE  
PRESIDENT

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: PLEASE SEE ATTACHED.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: \_\_\_\_\_

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

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

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

\_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/02/2020. (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.*

X \_\_\_\_\_ Nancy Garcia  
Required Signature of Registered Agent

1/2/2020  
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.*

X \_\_\_\_\_ Nancy Garcia  
Required Signature of Incorporator

1/2/2020  
Date