

2/12/2020

Division of Corporations

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Florida Department of State  
Division of Corporations  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA PROFIT/NON PROFIT CORPORATION  
SPINAL CORD INJURY AWARENESS FOUNDATION OF SOUTH  
FLO

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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

**ARTICLE I NAME**      SPINAL CORD INJURY AWARENESS FOUNDATION OF SOUTH FLORIDA INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
782 NW 42 AVE SUITE 328 MIAMI FL 33126

Mailing address, if different is:  
PO BOX 772524 MIAMI, FL 33177

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to bring awareness of the needs of spinal cord injury survivors to the  
general public through education and advocacy. To raise funds and financially support spinal cord injury charitable organizations in  
the South Florida Area.

**ARTICLE IV MANNER OF ELECTION**      The manner in which the directors are elected and appointed: Appointed by Pres.

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

Name and Title:	<u>ED NAVARRO (PRESIDENT)</u>	Name and Title:	_____
Address	<u>PO BOX 772524</u>	Address:	_____
	<u>MIAMI, FL 33177</u>		_____

Name and Title:	<u>MIRIAM WEISS (TREASURER)</u>	Name and Title:	_____
Address	<u>782 NW 42 AVE SUITE 328</u>	Address:	_____
	<u>MIAMI, FL 33126</u>		_____

Name and Title:	<u>AQUILES SOLANO JR. (SECRETARY)</u>	Name and Title:	_____
Address	<u>782 NW 42 AVE SUITE 328</u>	Address:	_____
	<u>MIAMI, FL 33126</u>		_____

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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\_\_\_\_\_

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: ED NAVARRO  
Address: 782 NW 42 AVE SUITE 328  
MIAMI, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ED NAVARRO  
Address: 782 NW 42 AVE SUITE 328  
MIAMI, FL 33126

**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

2/17/2020  
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.*



Required Signature of Incorporator

2/17/2020  
Date