

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.****

Email Address: _____

**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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COMMERCIAL SERVICES

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Help

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

ARTICLE I NAME

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

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: _____

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