N2000002058 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations	·	Š
	Fax Number : (850)617-6381	사건 보건	63 ₃
From:		$\mathcal{O}_{\mathcal{L}_{i}}^{2,2}$	\sim
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	<u> </u>	\mathcal{O}
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FLORIDA PROFIT/NON PROFIT CORPORATION THE BUTTERFLY PROMISE, INCORPORATED

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
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ECRIVED

ARTICLES OF INCORPORATION

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

ARTICLE I The name of	NAME the corporation shall be:	mise 、ゴハ C	onporated
ARTICLE I			
98	Principal <u>street</u> address: 15 Sw 114 St Miami, Florida 33176		Mailing address, if different is: 1813 SU 114 ST MIQMI-FF. 33176
ARTICLE III The purpose meaningful		commitment of	hope and joy to children with cancer by offering small whoring, and
			2020
			FEB 25
ARTICLE IV	MANNER OF ELECTION The manne	er in which the di He Bo	1 (aux)
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	
Name and Titl	<i></i>	Name and Titl	e: Alyssa Padron (Vice - President)
Address	9815 Sw 114 St Miami, Florida 33176	_ Address:	20791 Sw 91st Ct. Cutler Bay, Florid 33189
Name and Title	Lauren Johnson (VICE PSESIC 11360 Sw 118 St Miami, Florida 33176	Fight and Title	Eric Bernarde (Secretary)
· ************************************		Address:	6106 Paradise Point Dr, Parmetto Ba FL, United States
Name and Title	Elizabeth martner [1	CGOIC! Name and Title	<u></u>
Address	9815 SW 114 ST MIDMILE 33171/	Address;	

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: (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 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