

Florida Department of State

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
STARTING POINT. ORG. INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2020 JUN 15 PM 4:06

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

ARTICLE I NAMEThe name of the corporation shall be: STARTING POINT. ORG. INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:1550 NW 3 AVEMIAMI, FL 33136Bld 3

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Social Services for courtship
such as. Mental Health, Housing Assistance,
career education, emergency funding, Access network
As A No-Profit Organization

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:By THE BYLAWS**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>MARICHE GARCIA</u>	→	Title:	<u>President</u>
Address	<u>1550 NW 3AVE</u>	Address:	<u>1550 NW 3AVE</u>	
	<u>MIAMI, FL 33136</u>		<u>MIAMI FL 33136</u>	
	<u>Bld "C"</u>		<u>Bld "C"</u>	
Name and Title:	<u>Fermin CASTAÑEDA</u>	→	Title:	<u>VP</u>
Address	<u>1550 NW 3AVE</u>	Address:	<u>1550 NW 3AVE</u>	
	<u>MIAMI, FL 33136</u>		<u>MIAMI FL 33136</u>	
	<u>Bld 3</u>		<u>Bld "C"</u>	
Name and Title:	<u>Armando Aluaret</u>	→	Title:	<u>Secretary</u>
Address	<u>1550 N.W 3rd Ave</u>	Address:		
	<u>Miami, FL 33136</u>			
	<u>Bld. "C"</u>			

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Fermin Castañeda

Address:

1550 N.W. 3rd Ave. Building "C"
Miami, FL. 33136**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

Mariche GarciaS/S 094-42-2375

Address:

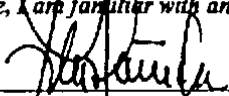
9220 S.W. 164 ST.Palmetto Bay FL 33157

FALLASSEE, FLORIDA

2020 JUN 15 AM 4:37

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

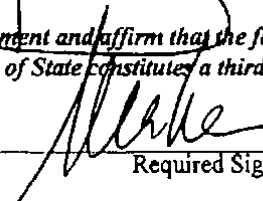


Required Signature of Registered Agent

6/15/20

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

June 11, 2020
Date