

Na 0000007996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

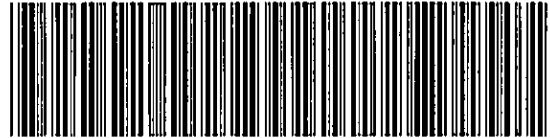
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SECRETARY OF STATE
TALLAHASSEE, FL

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N CULLIGAN
JUL 20 2020



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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Ministry For Nutrition of the Masses Inc.
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy ☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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

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ARTICLE I NAME

The name of the corporation shall be: MINISTRY FOR NUTRITION OF THE MASSES INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
2550 ADAMS STREET

Mailing address, if different is:

HOLLYWOOD, FL 33020

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TEACH POOR FAMILIES ABOUT HEALTHY FOOD CHOICES,
HOW TO BECOME ACTORS IN FOOD SUPPLY.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Minutes & By-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEAN-MARIO PIERRE (VP) Name and Title: _____

Address: 2550 ADAMS STREET Address: _____
HOLLYWOOD, FL 33020

Name and Title: DR. JEAN PIERRE, LLC (P) Name and Title: _____

Address: 2550 ADAMS STREET Address: _____
HOLLYWOOD, FL 33020

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: JEAN-MARIO PIERRE
Address: 2550 ADAMS STREET
HOLLYWOOD, FL 33020

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JEAN-MARIO PIERRE
Address: 2550 ADAMS STREET
HOLLYWOOD, FL 33020

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

07/22/2020
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

07/22/2020
Date

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TALLAHASSEE, FL

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