## N20000009544

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Derrick Thompson

## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Friends of Pi	necrest Gardens, Inc. (PROPOSED CORP	! ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Art	ticles of Incorporation and	a check for :	
<b>\$70.00</b>	□ \$78.75	□\$78.75	□ \$87.50	
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,	
J	Certificate of	& Certified Copy	Certified Copy	
	Status		& Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Roger C. Pou, Esq.			
	Name (Printed or typed)			
	2525 Ponce de Leon Blvd, 7th Floor			
	Address			
	Coral Gables, Florida 33134			
		City, State & Zip	_	

(305) 854-0800

rpou@wsh-law.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation	shall be: Friends of Pir	ecrest Gardens, Inc.	·-·	
ARTICLE II PRINCIP	AL OFFICE			
Principal 12645 Pinecrest I	street address:	Mailii 	Mailing address, if different is:	
Pinecrest, Florida	33156			
	·			
ARTICLE III PURPOS  The purpose for which the for educational, scientific,	SE corporation is organized and charitable purposes	is: This Corporation is a nonprofit or The Corporation shall conduct and su	ganization and shall operate exclusively apport programs and activities to accomplish	
the Corporation's purpose	and for the benefit of th	Pincerest Gardens, but limited in all	events to exempt purposes described in	
Section 501(c)(3) of the In	temal Revenue Code, as	amended. Specifically, this Corporati	on is organized to provide educational	
programming that cultural	ly enriches and educates	the public at the Pinecrest Gardens an	nd to raise funds, promote, and volunteer	
support necessary to opera	te such educational prog	ramming.	<u> </u>	
		<del>-</del>	. <u>-</u>	
(DELCA E II)	n of Firedway T		Village Council shall	
appoint members to the Box		e manner in which the directors are elec	ted and appointed: Village Council shall	
appour menuoro to die 20.		<del></del>	<del></del>	
ARTICLE V INITIAL	OFFICERS AND/OR D	<u>IRECTORS</u>		
Name and Title:		Name and Title:	·	
Address		Address:		
			<u>:</u>	
Name and Title:		Name and Title:	<u> </u>	
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	•	Name and Title:		
			<del> </del>	

Name and Title		Name and Title:
Address	<del></del>	Address:
Name and Title		Name and Title:
Address		Address:
	REGISTERED AGENT Storida street address (P.O. Box NOT acce	eptable) of the registered agent is:
Name:	Mitchell Bierman, Esq.	
Address:	2525 Ponce de Leon Blvd., 7th Floor	
	Coral Gables, FL 33134	
	<del></del> -	
	INCORPORATOR address of the Incorporator is:	
Name:	Yocelyn Galiano	
Address:	12645 Pinecrest Parkway	
	Pinecrest, FL 33156	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, i (If an effective	f other than the date of filing:date is listed, the date must be specific a	
	e inserted in this block does not meet the a ctive date on the Department of State's rec	applicable statutory filing requirements, this date will not be listed as the cords.
	familiar with and accept the appointment a	e of process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity
	066.50	7/27/20
I submit this doc the Department	Required Signature of Registered cument and affirm that the facts stated here of State Constitutes a third degree felony as	ein are true. I am aware that any false information submitted in a document to
(	Lan Man	7/28/20
	Required Signature of Inco	rporator Date
/		