

N20000009852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

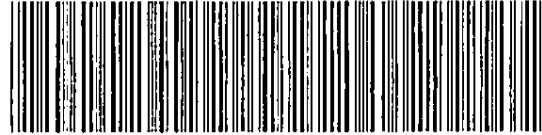
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/27/20--01009--010 **78.75

2020 AUG 27 PM 1:42

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FILED

SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG 31 AM 8:52

FILED

AUG 31 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WAQF FOUNDATION INC

Signature _____

Requested by: SETH

08/28/20

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

WAQF Foundation, Inc.

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Mohamed I. Morsy

Name (Printed or typed)

10471 N Kendall Drive, Suite B 100

Address

Miami, FL 33176

City, State & Zip

305-305-7575

Daytime Telephone number

ymorsy@bnrhn.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2020

CAPITAL CONNECTION, INC

SUBJECT: WAQF FOUNDATION, INC
Ref. Number: W20000096877

We have received your document for WAQF FOUNDATION, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

When naming directors (3) must be listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 220A00016528

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2021 AUG 31 PM 1:39

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ARTICLES OF INCORPORATION

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

2020 AUG 31 AM 8:52

ARTICLE I NAME

The name of the corporation shall be: WAQF Foundation, Inc.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10471 N Kendall Drive, Suite B100

Mailing address, if different is:

Miami, Fl 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of our Non-Profit foundation is to give back and improve the quality of life for others at a community, local, state, national, or even global level. The funds raised by our foundation will be used to provide free education to our community. While helping improve the lives of orphans and the homeless both near and far. Educational programs will be implemented to assist individuals become productive members in society. And any and all other purposes in compliance with IRS Code 501c(3) only.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By Voting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mohamed I. Morsy/Director

Name and Title: Mamoud Soliman/Director

Address: 10471 N Kendall Drive

Address: 10471 N Kendall Drive

Suite B 100

Suite B100

Miami, Fl 33176

Miami, Fl 33176

Name and Title: Moustafa Elsehrawy/Director

Name and Title: _____

Address: 10471 N Kendall Drive

Address: _____

Suite B 100

Miami, Fl 33176

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: Mohamed I. Morsy

Address: 10471 North Kendall Drive, Suite B 100

Miami, Fl 33177

ARTICLE VII INCORPORATOR

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

Name: Yolanda Morsy

Address: 10471 N Kendall Drive, Suite B 100

Miami, Fl 33176

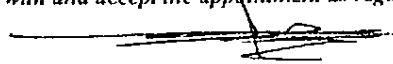
ARTICLE VIII EFFECTIVE DATE:

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.)

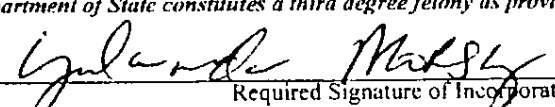
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X 
Required Signature of Registered Agent

8-25-2020
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.

X 
Required Signature of Incorporator

8-25-2020
Date

2020 AUG 31 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FL

FILED