

N20000010889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

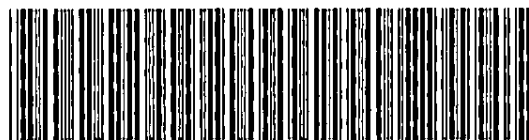
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DT

COVER LETTER

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

SUBJECT: OrendaOm Foundation Inc
(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: Nathalie Henrich
Name (Printed or typed)

P.O. Box 2227-44
Address

Hollywood, FL 33022
City, State & Zip

786-718-2371
Daytime Telephone number

nhenrich79@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32309
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

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

ARTICLE I NAME

The name of the corporation shall be: Orenda Om Foundation Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2323 Coolidge St

Hollywood, FL 33020

Mailing address, if different is:

P.O. Box 222744

Hollywood, FL 33022

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for charitable purposes

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nathalie Henrich - Chief Executive Office:

Address 2323 Coolidge St
Hollywood, FL 33020

Name and Title: _____

Address: _____

Name and Title: Helena Henrich - Treasurer

Address 2323 Coolidge St
Hollywood, FL 33020

Name and Title: _____

Address: _____

Name and Title: Vanessa Cadelago - Secretary

Address 2323 Coolidge St
Hollywood, FL 33020

Name and Title: _____

Address: _____

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CLERK
ASSISTANT

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: Nathalie Henrich
Address: 2323 Coolidge St
Hollywood, FL 33020

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nathalie Henrich
Address: 2323 Coolidge St
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.)

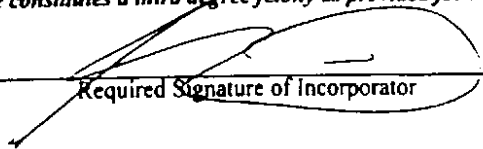
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

08/25/20
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

08/31/20
Date