

N200000013046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

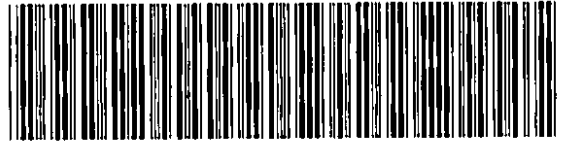
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 NOV 13 PM 2:12

Division of Corporations
TALLAHASSEE, FLORIDA

2020 NOV 13 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 500369 7528473

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : November 5, 2020

ORDER TIME : 3:27 PM

ORDER NO. : 500369-001

CUSTOMER NO: 7528473

DOMESTIC FILING

NAME: AUXILIARIS INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2020

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: AUXILIARIS INC
Ref. Number: W20000131213

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

The document is not legible due to the dark green back ground.

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 III

Letter Number: 720A00022953

RECEIVED

2021 NOV 19 PM 2:10
RESUBMIT
Please give original
submission date as file date.

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 500369 7528473

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 70.00

ORDER DATE : November 5, 2020

ORDER TIME : 9:10 AM

ORDER NO. : 500369-001

CUSTOMER NO: 7528473

DOMESTIC FILING

NAME: AUXILIARIS INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT. 61594

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Auxiliaris 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: Silvia Hodges Silverstein
Name (Printed or typed)

5267 Startish Ave
Address

Naples, FL 34103
City, State & Zip

(646) 831-5461
Daytime Telephone number

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

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

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

FILED

2020 NOV 13 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: AUXILIARIS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5267 Starfish Ave

Mailing address, if different is: _____

Naples, FL 34103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Invest in the lives of children and empower them to create lasting change in their lives and communities

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

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Silvia Hodges Silverstein, Director Name and Title: _____

Address: 5267 Starfish Ave Address: _____
Naples, FL 34103

Name and Title: Michael Jay Silverstein, Director Name and Title: _____

Address: 5267 Starfish Ave Address: _____
Naples, FL 34103

Name and Title: John Hodges, Director Name and Title: _____

Address: 5267 Starfish Ave Address: _____
Naples, FL 34103

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: Silvia Hodges Silverstein

Address: 5267 Starfish Ave

Naples, FL 34103

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Silvia Hodges Silverstein

Address: 5267 Starfish Ave

Naples, FL 34103

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

Silvia Hodges Silverstein
Required Signature of Registered Agent

11/8/2020
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.

Silvia Hodges Silverstein
Required Signature of Incorporator

11/8/2020
Date

2020 NOV 13 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FL

FILED