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Derrick Thompson
12/10/2020

COVER LETTER

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

SUBJECT: STAND FOR HOMELESS, CORP
(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: STAND FOR HOMELESS, CORP
Name (Printed or typed)

1831 HICKORY BLUFF RD
Address

KISSIMMEE, FL 34744
City, State & Zip

407-914-0516
Daytime Telephone number

juanc@itnetsecure.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)

ARTICLE I NAME

The name of the corporation shall be: STAND FOR HOMELESS , CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1831 HICKORY BLUFF RD

KISSIMMEE, FL 34744

Mailing address, if different is:

1831 HICKORY BLUFF RD

KISSIMMEE, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The organization is organized exclusively for charitable and educational
purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal code. To feed , clothe
help, and encourage the homeless through our community outreach program.

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

the BY-Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN C. FIGUEROA SERRANO - P

Address: 1831 HICKORY BLUFF RD

KISSIMMEE, FL 34744

Name and Title: _____

Address: _____

Name and Title: BEATRIZ AMADOR - VP

Address: 271 LA PAZ DR

KISSIMMEE FL 34743

Name and Title: _____

Address: _____

Name and Title: REINA V. FIGUEROA VELASQUEZ -S

Address: 1831 HICKORY BLUFF RD

KISSIMMEE, FL 34744

Name and Title: _____

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: DR ACCOUNTING & MORE, LLC

Address: 914 WILSON RIDGE DR # 1725

ORLANDO, FL 32818

ARTICLE VII INCORPORATOR

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

Name: JUAN C. FIGUEROA SERRANO

Address: 1831 HICKORY BLUFF RD

KISSIMMEE, FL 34744

ARTICLE VIII EFFECTIVE DATE: 11/20/2020

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

DAVID RIVERA

Required Signature of Registered Agent

11/20/2020

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.

JUAN C. FIGUEROA

Required Signature of Incorporator

11/20/2020

Date

Adding additional Articles here:

ARTICLE IX – DISSOLUTION

Upon dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for public purpose.