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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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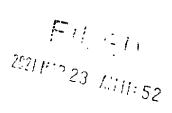


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2521 HZP 23 - CHH: 52

## **COVER LETTER**



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

Tallahassee, FL 32314				
Love Peaks I	ne	·		
SUBJECT:	(PROPOSED CORP.	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
	(FROFOSED CORF	ORATE NAME - MOST NO	<u>CLODE SQLFIA</u> )	
Enclosed is an original a	ind one (1) copy of the Ar	ticles 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 CO	PY REQUIRED	
	Cynthia Cheri			
FROM:		(5)	_	
	Name (Printed or typed) 19440 NW 8 Ave			
	Address			
	Miami, FL 33169			
	City, State & Zip			
	305-776-8466			
	Daytime Telephone number			
	Cheri@lovepeaks.org			
1	F-mail address: (to be used for	future annual report notificati		

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

## ARTICLES OF INCORPORATION

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

	NAME Love Peaks Inc			
	PRINCIPAL OFFICE		7021 HFR 23 /1111:52	
Principal <u>street</u> address: 19440 NW 8 Ave			Mailing address, if different is:	
Miam	i. FL 33169			
ARTICLE III The purpose for	PURPOSE r which the corporation is organized is:			
			ational purposes under section 501(c)(3) of elederal tax code and upon the dissolution	
section 501	(c)(3) of the Internal Revenue Cod	e, or corresponding	empt purposes within the meaning of section of any future federal tax code, or I government, for a public purpose.	
		· · · · · · · · · · · · · · · · · · ·		
IRTICLE V	<u> </u>		ctors are elected and appointed:	
Name and Title	Cynthia Cheri, President	Name and Title:	Katrina Vantassell, Vice President	
	19440 NW 8 Ave	Address:	19440 NW 8 Ave	
Address !	Miami, FL 33169	Address:	Miami, FL 33169	
	Cheyanne Dicudonne, Treasurer		Hugette Presendicu, Secretary	
Name and Title Address	19440 NW 8 Ave	Name and Title	19440 NW 8 Ave	
<del>-</del>	Miami, FL 33169	Address:	Miami. FL 33169	
Name and Title	:	Name and Title	<u> </u>	
Address				
Audress		Audress:		

Name and Title	ne and Title: Name and Title:			
Address		Address:		
N. 1 T'-1				
Name and Title	i <u> </u>	Name and Title:		
Address	<del></del>	Address:	<del></del>	
ARTICLE VI	DECISTEDED ACENT			
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box No	OT acceptable) of the registered agent i	s:	
	Cynthia Cheri		<u>.</u>	
Name:	19440 NW 8 Ave	<del></del>		
Address:	NG: FL 22170			
	Miami, FL 33169			
	<del>.</del>	<del></del>		
	INCORPORATOR			
The name and a	address of the Incorporator is:			
Name:	Cynthia Cheri			
Address:	19440 NW 8 Ave	·		
Address.	Miami, FL 33169			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, i	f other than the date of filing:	(OPTI	ONAL)	
(If an effective	date is listed, the date must be sp	ecific and cannot be more than five	days prior or 90 days after the filing.)	
Note: If the dat document's effe	te inserted in this block does not me ective date on the Department of Sta	eet the applicable statutory filing requite's records.	rements, this date will not be listed as the	
Having been no certificate, I am	amed as registered agent to accept familiar with and accept the appoin	service of process for the above stat timent as registered agent and agree to	ed corporation at the place designated in this o act in this capacity	
	CCZ		3/14/21	
	Required Signature of Re	egistered Agent	3/16/21 Date	
I submit this doc	cument and affirm that the facts stat		y fulse information submitted in a document to	
-	<b>.</b> .		3/16/21 Date	
	Required Signature	of Incorporator	Date	