

**N2100054163**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H21000183156 3)))



H210001831563ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

5/7/21  
*[Signature]*

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MARTHA FOUNDATION INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 MAY -6 PM 2:59

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

**ARTICLE I NAME**

The name of the corporation shall be: MARTHA FOUNDATION

**ARTICLE II PRINCIPAL OFFICE**

INC

Principal street address:

Mailing address, if different is:

1920 NW BITTERR.  
MIAMI, FL. 33147

P.O. BOX 680443  
MIAMI FL. 33168

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: NON-PROFIT, CHARITY  
and COMMUNITY ORGANIZATION

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

By the bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TONYA A. WALKER SMITH (P) Name and Title: \_\_\_\_\_

Address: 1920 NW BITTERR. Address: \_\_\_\_\_  
MIAMI FL. 33147

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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:

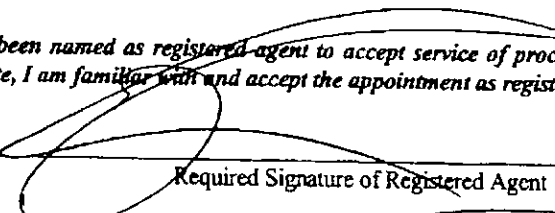
Name: Tonya A Walker Smith  
 Address: 1920 NW 81 Terr  
Miami FL 33147

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

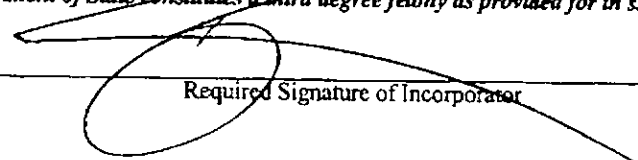
Name: Tonya A Walker Smith  
 Address: 1920 NW 81 Terr  
Miami FL 33147

*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

\_\_\_\_\_  
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

\_\_\_\_\_  
Date