

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC
Account Number : I20200000102
Phone : (954)998-1035
Fax Number : (954)573-1480

SO
TALLAHASSEE, FL

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****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
ALONE NEVER MORE : RECOVERING MIND AND HOPES, INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ALONE NEVER MORE: RECOVERING MIND AND HOPES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 6625 W 4TH AVE APT 227
HIALEAH, FL 33012
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our fundamental mission is the psychosocial rehabilitation of older adults, convinced that is the oportunity to achieve a prosperous and healthy life. In addition, we guarantee the integration of the family and the community by focusing our projects on the creation of the family and the community by focusing our projects on the creation of skills, capacities and infrastructures necessary for the development of a dignified life.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Marilyn Fernandez Perez	President	Name and Title:	
Address	6625 W 4TH AVE APT 227		Address:	
	Hialeah, FL 33012			
<hr/>				
Name and Title:	Diannys Arias Jimenez	Secretary	Name and Title:	
Address	2710 W 76TH ST Apt 103		Address:	
	Hialeah, FL 33016			
<hr/>				
Name and Title:	Orlando Fabregas Garcia	Treasurer	Name and Title:	
Address	6625 W 4TH AVE APT 227		Address:	
	HIALEAH, FL 33012			
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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: MARILYN FERNANDEZ PEREZ
Address: 6625 W 4TH AVE APT 227
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARILYN FERNANDEZ PEREZ
Address: 6625 W 4TH AVE APT 227
HIALEAH, FL 33012

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

M. Fernandez
Required Signature of Registered Agent

9/16/2021
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.817.133, F.S.

M. Fernandez
Required Signature of Incorporator

9/16/2021
Date

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