

11/4/21, 11:51 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000409601 3)))



H210004096013ABCX

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****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
MARTRELL'S WISHING & HELPING FOUNDATION INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME

The name of the corporation shall be: MARTRELL'S WISHING & HELPING FOUNDATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6833 SW 10th CT

PEMBROKE PINES, FL 33023

Mailing address, if different is:

6833 SW 10th CT

PEMBROKE PINES, FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS NON-PROFIT ORGANIZATION WILL GIVE FOOD, TOYS,
CLOTHING, ECT TO THE COMMUNITY AND LESS FORTUNATE.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Minutes & By-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTRELL FISHER SMITH - P

Address: 6833 SW 10th CT
PEMBROKE PINES, FL 33023

Name and Title: _____

Address: _____

Name and Title: MARTRELL FISHER SMITH - CEO

Address: 6833 SW 10th CT
PEMBROKE PINES, FL 33023

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARTRELL FISHER SMITH
Address: 6833 SW 10th CT
PEMBROKE PINES, FL 33023

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MARTRELL FISHER SMITH
Address: 6833 SW 10th CT
PEMBROKE PINES, FL 33023

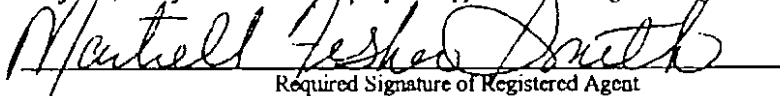
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2022 (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


Required Signature of Registered Agent

11/4/21
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

11/4/21
Date

NOV - 4 AM 10:38

FILED