

N220 0000 1871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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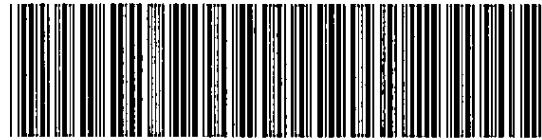
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

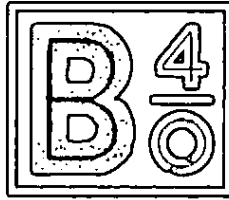
file 2/10/22

D. O'KEEFE

FEB 24 2022

W22-5576

c



Brothers 4 Others

8030 SW 16 ST
Miami, FL 33165

305.302.1923 786.271.3090

January 26, 2022

Department of State
Division of Corporations
ATTN: DANIEL L O'KEEFE
P.O. Box 6327
Tallahassee, FL 32314
VIA US MAIL

Re: Ref. No. W22000005576/ Letter No. 922A00001315

Dear Mr. O'Keefe:

I Martha Melcon, President of the For Profit Corporation, Brothers 4 Others, Inc. have dissolved the for profit corporation no. P21000099465 and have no intentions on revoking the dissolution. I would like to release the name Brothers 4 Others, Inc. from the dissolved profit corporation to the new Not For Profit Corporation.

Attached to this cover letter you will find all the original documents submitted, your returned letter, and the confirmation receipt of payment for the dissolution of the For Profit Corporation.

If any additional information is needed, please contact me at 305.302.1923

Attachments: (3)

Sincerely,



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2022

MARTHA MELCON
BROTHERS 4 OTHERS, INC.
1470 NW 107 AVE SUITE P
DORAL, FL 33172

SUBJECT: BROTHERS 4 OTHERS, INC.
Ref. Number: W22000005576

We have received your document for BROTHERS 4 OTHERS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P21000099465.

Please contact this office so that we can discuss converting your profit corporation into a non-profit corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 922A00001315

COVER LETTER

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

SUBJECT: Brothers 4 Others, Inc.
(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: Martha Melcon
Name (Printed or typed)

1470 NW 107 AVE SUITE P

Address

DORAL, FL 33172

City, State & Zip

305. 302. 1923

Daytime Telephone number

Brothers4others@att.net
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: Brothers 4 Others, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1470 NW 107 AVE SUITE P

DORAL, FL 33172

Mailing address, if different is:
1470 NW 107 AVE SUITE P

DORAL, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Brothers 4 Others shows
a commitment to our community by making a
positive change in humanity. We create a welcoming
environment, promote kindness, and build lasting bonds
through acts of service and giving in the lives of
those who need it the most.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected
at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martha Melcon President Name and Title: _____

Address: 1470 NW 107 AVE SUITE P Address: _____
DORAL, FL 33172

Name and Title: Espy Plasencia Vice President Name and Title: _____

Address: 5701 SW 30 St Address: _____
Miami, FL 33155

Name and Title: Baumann Melcon Director Name and Title: _____

Address: 1470 NW 107 AVE SUITE P Address: _____
DORAL, FL 33172

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 FEB 10 AM 9:07

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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: Martha Melan

Address: 1470 NW 107 AVE SUITE P

DORAL, FL 33172

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2022 FEB 10 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Espy Plasencia

Address: 5701 SW 30 St

Miami, FL 33155


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 7, 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

1/5/22
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

1/5/22
Date