

NZ200005081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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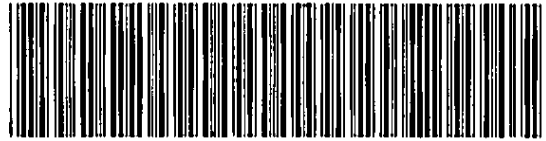
(Business Entity Name)

(Document Number)

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2022 APR 22 AM 8:38
STATE OF OHIO
CLERK OF COURT

COVER LETTER

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

SUBJECT: HER REFUGE PLACE, 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: DARLING RUIZ
Name (Printed or typed)

9366 SW 169th Avenue
Address

Miami, Florida 33196
City, State & Zip

786 283-1722
Daytime Telephone number

Darling_118@hotmail.com
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: HER REFUGE PLACE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9366 SW 169th Avenue

Miami, Florida 33196

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Purpose of Her Refuge Place, Inc. is to provided services to women and children that have been victimized by domestic violence, and are in need of transitional housing and supportive services.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Volunteered

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darling Ruiz, President & Treasurer

Name and Title: _____

Address 9366 SW 169th Avenue

Address: _____

Miami, Florida 33196

Name and Title: Leonor Santamaria, V.P. & Secretary

Name and Title: _____

Address 9366 SW 169th Avenue

Address: _____

Miami, Florida 33196

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: Darling Ruiz
Address: 9366 SW 169th Avenue
Miami, Florida 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Darling Ruiz
Address: 9366 SW 169th Avenue
Miami, Florida 33196

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CLERK OF STATE
TALLAHASSEE, FL

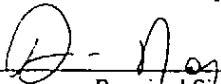
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ 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


Required Signature of Registered Agent

4-9-22
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

4-9-22
Date