

# N220000007329

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

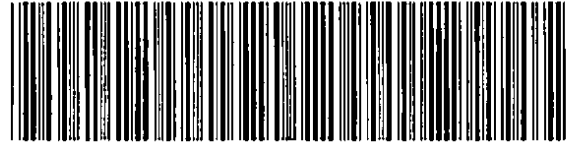
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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RECEIVED

2022 JUN 23 PM 4:30

ALLAHASSEE, FL

FILED

2022 JUN 27 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUND FROM THE ACCOUNT: I20210000160 AMOUNT: \$70.00

Authorization Signature: *Jane Fuller*

CA CARE FOUNDATION Inc  
BUSINESS

DOCUMENT #

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy of Articles**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☒ **CORP**

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ **Conversion**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ APOSTILLE ( ) ☐ Other  
Country

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

SUBJECT: CA Care Foundation 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: Jacob Zhang  
Name (Printed or typed)

12905 SW 42nd St Unit 222  
Address

Miami, FL 33175  
City, State & Zip

786-227-6928  
Daytime Telephone number

jacob@ivy-cpa.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2022

FLORIDA CAPITAL COURIER SERVICE

SUBJECT: CA CARE FOUNDATION INC  
Ref. Number: W22000085588

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

The document must have original signatures.

A board of directors must consist of three or more individuals.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan  
Regulatory Specialist III

Letter Number: 622A00014321

RECEIVED  
2022 JUN 27 PM 4:31  
TALLAHASSEE, FLOR

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

**FILED**

2022 JUN 27 PM 12: 0

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I NAME**

The name of the corporation shall be: CA Care Foundation Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
12905 SW 42nd St, Unit 222, Miami, FL 33175

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Seeking to inspire entrepreneurship by eliminating barriers to success through innovative education and financial aid.

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

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

Name and Title: Carla Cabrera (PST) Name and Title:

Address: 12905 SW 42nd St Unit 222 Address:  
Miami, FL 33175

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: Carla Cabrera

Address: 12905 SW 42nd St Unit 222

Miami, FL 33175

FILED  
2022 JUN 27 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carla Cabrera

Address: 12905 SW 42nd St Unit 222

Miami, FL 33175

**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*

Carla Cabrera Carla Cabrera  
Required Signature of Registered Agent

5/12/2022  
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.*

Carla Cabrera Carla Cabrera  
Required Signature of Incorporator

5/12/2022  
Date