

N22000008340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

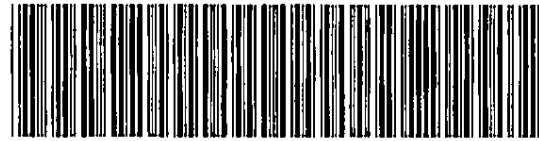
(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2022

DARLING CRUZ  
9366 SW 169TH AVE  
MIAMI, FL 33196 US

SUBJECT: WINGS OF LOVE, INC.  
Ref. Number: W22000065490

We have received your document for WINGS OF LOVE, 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):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The document number of the name conflict is N22000000387.

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.

Coates Brianna  
Regulatory Specialists II

Letter Number: 022A00011423

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STATE  
CORPORATIONS  
DIVISION

## COVER LETTER

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

**SUBJECT:** OUR WINGS OF LOVE, 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.**

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2022 JUN -6 AM 10:34  
TALLAHASSEE, FL

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

**ARTICLE I NAME**

The name of the corporation shall be: OUR WINGS OF LOVE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
9366 SW 169th Avenue

Mailing address, if different is:  
Same

Miami, Florida 33196

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Purpose of Our Wings of Love, Inc. is to provide services to teen girls during pregnancy, with programs and activities that support high school graduation and college, financial literacy, life skills, and parenthood.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As set forth in the bylaws.

**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: Roberto Ruiz, Vice Pres. & 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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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

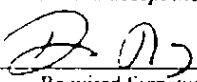
**ARTICLE VIII EFFECTIVE DATE:**

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.)

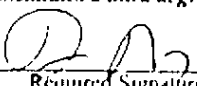
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

6/25/22  
 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 §817.155, F.S.*

  
 Required Signature of Incorporator

6/28/22  
 Date

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 DEPT. OF STATE  
 MIAMI