

**N22000012075**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.

(((H22000362369 3)))



H220003623693ABCO

**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 : MARTHA ALTAMIRANO  
Account Number : I20210000051  
Phone : (305)725-8219  
Fax Number : (305)725-8219

**\*\*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**  
**The Offering Foundation Corp**

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

OCT 24 AM 3:38

2022 OCT 24 AM 8:17

RS

**COVER LETTER**

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

**SUBJECT:** The Offering Foundation Corp

(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 Altamirano

Name (Printed or typed)

2486 NW 89 Place

Address

Doral, Florida 33172

City, State & Zip

305-725-8219

Daytime Telephone number

usa@idotheoffering.org

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

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

RECEIVED  
OCT 24 PM 3:39

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

**ARTICLE I NAME**The name of the corporation shall be: The Offering Foundation Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address:8339 NW 196 Terrace

Mailing address, if different is:

Hialeah, Florida 33015**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To aid, support & assist impoverished childrens & families in need of educational programs domestic & worldwide and consist on connecting people around the world in the fight to end poverty to invest in the lives of children & youth in order to build environments they need to thrive & empower them to create lasting change in their lives and communities.

This corporation is created for charitable and educational purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Code or the corresponding section of any future federal tax law". Corporation is considered to be a Public Charity Foundation under provisions of the United States Code

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: by ballot election

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Rafael A. Betancourt, President

Name and Title: \_\_\_\_\_

Address: 8339 NW 196 Terrace

Address: \_\_\_\_\_

Hialeah, Florida 33015Name and Title: Adelfa Betancourt, VicePresident

Name and Title: \_\_\_\_\_

Address: 8339 NW 196 Terrace

Address: \_\_\_\_\_

Hialeah, Florida 33015Name and Title: Julio Betancourt, Secretary

Name and Title: \_\_\_\_\_

Address: 8339 NW 196 Terrace

Address: \_\_\_\_\_

Hialeah, FLorida 33015

9-10-24 11:33:33

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

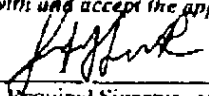
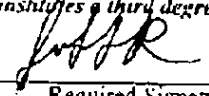
\_\_\_\_\_  
\_\_\_\_\_

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: Rafael BetancourtAddress: 8339 NW 196 TerraceHialeah, Florida 33015**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: Rafael BetancourtAddress: 8339 NW 196 TerraceHialeah, Florida 33015**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 10/15/2022. (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 Agent10/15/2022\_\_\_\_\_  
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.*  
\_\_\_\_\_  
Required Signature of Incorporator10/15/2022\_\_\_\_\_  
Date