

N23000000316

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.

((H23000005926 3)))



H230000059263ABC

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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 FROM OPEN EYES INC

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

2ND REQUEST

Qs

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

ARTICLE I NAMEThe name of the corporation shall be: FROM OPEN EYES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:11384 SW 93 STMIAMI, FL 33176

Mailing address, if different, is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: NON PROFITGive new underprivileged mothers a foundation with the help of donated newborn
necessities. In hopes of an encouragement, to be distributed at a local hospital.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:By the bylaws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: _____ Name and Title: Megan Nicole Dominguez-PresidentAddress: _____ Address: 11384 SW 93 ST
Miami, FL 33176

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: Megan Nicole Dominguez
Address: 11384 SW 93 ST
MIAMI, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Megan Nicole Dominguez
Address: 11384 SW 93 S
MIAMI, FL 33176

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

Megan Nicole Dominguez
Required Signature of Registered Agent

1/4/23
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. 317.155, F.S.

Megan Nicole Dominguez
Required Signature of Incorporator

1/4/23
Date