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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEADER ASSOCIATES LLC
Account Number : I20180000056
Phone : (954)998-3963
Fax Number : (954)597-0359

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Email Address: ggmission22@gmail.com

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FLORIDA PROFIT/NON PROFIT CORPORATION

Good Giving Mission Inc

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ARTICLES OF INCORPORATION

In compliance with Chapter 61, F.S. (Not for Profit)

ARTICLE I – NAME

The name of the Corporation shall be: **GOOD GIVING MISSION INC**

ARTICLE II – ADDRESS

The Principal street address of the Corporation shall be:

825 NW 13th St UNIT 207

BOCA RATON, FL 33486

The Mailing address of the Corporation shall be:

SAME AS PRINCIPAL

ARTICLE III – PURPOSE

This Corporation is organized exclusively for charitable, educational and cultural and purposes, covering social assistance to children, teens and families in need. Including, for such purposes, the making of distributions to organizations that qualify as exempt organization described under Section 501(c)3 of the Internal Revenue Code, or corresponding section of a future tax code.

ARTICLE IV – MANNER OF ELECTION OF DIRECTORS:

As provided for in the Bylaws.

ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS

Name: **GLAUCIA MOREIRA SILVA**

Title: **P**

Address: **825 NW 13th St UNIT 207**

BOCA RATON, FL 33486

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

21

Name: **CHRISTOPHER ALVES COSTA**

Title: **VP**

Address: **16 WARREN RD**

HUDSON, NH 03051

Name: **SANDRO M. SILVA PEREIRA**

Title: **SEC**

Address: **825 NW 13th St UNIT 207**

BOCA RATON, FL 33486

ARTICLE VI – INITIAL REGISTERED AGENT

The name and Florida street address (PO BOX not acceptable) of the initial Registered Agent is:

Name: **GLAUCIA MOREIRA SILVA**

Address: **825 NW 13th St UNIT 207**

BOCA RATON, FL 33486

ARTICLE VII – INCORPORATOR

The name and address of the Incorporator is:

Name: **GLAUCIA MOREIRA SILVA**

Address: **825 NW 13th St UNIT 207**

BOCA RATON, FL 33486

ARTICLE VIII – EFFECTIVE DATE

Effective date shall be the **filling date**.

ARTICLE IX – DISSOLUTION

Upon Dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)3 of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for public purposes.

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CLERK OF COURT
STATE OF FLORIDA

EL

REGISTERED AGENT AFFIDAVIT

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.

_____
GLAUCIA MOREIRA SILVA - Registered Agent_____
01/27/2023

Date

INCORPORATOR AFFIDAVIT

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

_____
GLAUCIA MOREIRA SILVA - Incorporator_____
01/27/2023

Date

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DEPT OF STATE
CORPORATE SERVICES
TALLAHASSEE, FL 32399-0001

