

**N23000001519**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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H230000542503ABCV

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## To:

Division of Corporations  
Fax Number : (850) 617-6281

## From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561) 694-8107  
Fax Number : (561) 214-2442

\*\*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

FoundCare Foundation, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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Corporate Filing Menu

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## COVER LETTER

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

**SUBJECT:** FOUNDCARE 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:** \_\_\_\_\_  
Name (Printed or typed)

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Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

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

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

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

**ARTICLE I NAME**

The name of the corporation shall be: FOUNDCARE FOUNDATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:  
2330 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO RAISE FUNDS TO SUPPORT FOUNDCARE, INC., A  
NOT-FOR-PROFIT FEDERALLY QUALIFIED HEALTH CENTER, SO THAT IT MAY PROVIDE UNMET  
HEALTHCARE NEEDS AND SOCIAL SERVICE NEEDS TO A DIVERSE COMMUNITY IN PALM BEACH COUNTY  
FLORIDA

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

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

Name and Title:	<u>Irizarry, Christopher CEO</u>	Name and Title:	_____
Address	<u>2330 S Congress Avenue</u>	Address:	_____
	<u>West Palm Beach, FL 33406</u>		_____
	_____		_____
Name and Title:	<u>Antenor, Andy CFO</u>	Name and Title:	_____
Address	<u>2330 S Congress Avenue</u>	Address:	_____
	<u>West Palm Beach, FL 33406</u>		_____
	_____		_____
Name and Title:	<u>Young, Marcia COO</u>	Name and Title:	_____
Address	<u>2330 S Congress Avenue</u>	Address:	_____
	<u>West Palm Beach, FL 33406</u>		_____
	_____		_____

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: GARY C MATZNER

Address: 2800 PONCE DE LEON BLVD S-1100

CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: GARY C. MATZNER

Address: 2800 PONCE DE LEON BLVD S-1100

CORAL GABLES, FL 33134

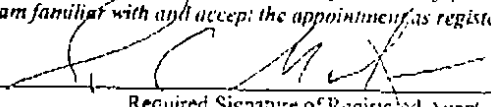
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: FEBRUARY 8, 2023 (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.)

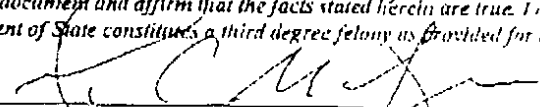
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

02/07/2023  
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 Incorporator

02/07/2023  
Date