

05/31/2023 17:37

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LAZARUS

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SAF FOUNDATION, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4905 Bayberry Lane

Tamarac, FL 33319

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The mission of the SAF Foundation is to empower, mentor, and educate youth through financial literacy and the arts to become more productive citizens.

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

As provided for in the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexander Francois, President Name and Title: Safiyah Francois, Vice President

Address 4905 Bayberry Lane Address: 4905 Bayberry Lane

Tamarac, FL 33319 Tamarac, FL 33319

Name and Title: Ismail Joseph, Treasurer Name and Title: Herby Honore, Secretary

Address 4740 NW 9th Drive Address: 7300 NW 11th Place

Plantation, FL 33317 Plantation, FL 33313

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY
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Name and Title: _____ Name and Title: _____

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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: Safiyvah FrancoisAddress: 4905 Bayberry LaneTamarac, FL 33319**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Safiyvah FrancoisAddress: 4905 Bayberry LaneTamarac, FL 33319

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

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 Incorporator2023 MAY 30 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FL

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5/24/23
Date5/24/23
Date