

Florida Department of State  
 Division of Corporations  
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To:

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

From:

Account Name : TAXPEOPLE LLC  
 Account Number : I20200000160  
 Phone : (772)460-1000  
 Fax Number : (772)777-3071

**\*\*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**  
**HOUSE OF HARMONY FOUNDATION, INC**

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## COVER LETTER

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

**SUBJECT:** HOUSE OF HARMONY 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  
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Certificate of  
Status

☐ \$78.75  
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& Certified Copy

☐ \$87.50  
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& Certificate

ADDITIONAL COPY REQUIRED

FROM: CLAUDIO TOLEDO RIBEIRO  
Name (Printed or typed)  
2855 SW BRIGHTON ST  
Address  
PORT ST LUCIE, FL 34952  
City, State & Zip  
772.460.1000  
Daytime Telephone number

INFO@TAXPEOPLEFL.COM

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

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

## COVER LETTER

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

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**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: HOUSE OF HARMONY FOUNDATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1973 SW SAVAGE BLVD # 201

PORT ST LUCIE, FL 34953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: EXCLUSIVELY FOR CHARITABLE, AND EDUCATION PURPOSES  
INCLUDING, FOR SUCH PURPOSE, TO PROMOTE ACCEPTANCE AND CREATE SUPPORT FOR CHILDREN, ADULTS,  
AND THEIR FAMILIES LIVING WITH AUTISM AND OTHER DISABILITIES, ORPHANS AND LOW-INCOME FAMILIES.  
CREATE, ORGANIZE AND IMPLEMENT, TEACHING ARTS, MUSIC EDUCATION FOR ALL AGES.

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:	<u>GILBERTO ARNDT</u>	Name and Title:	<u></u>
Address	<u>1973 SW SAVAGE BLVD</u>	Address:	<u></u>
	<u>PORT ST LUCIE, FL 34953</u>		<u></u>
	<u>DIRECTOR</u>		<u></u>
Name and Title:	<u>MAYRA ISABELLA SOTERO</u>	Name and Title:	<u></u>
Address	<u>1973 SW SAVAGE BLVD</u>	Address:	<u></u>
	<u>PORT ST LUCIE, FL 3453</u>		<u></u>
	<u>DIRECTOR</u>		<u></u>
Name and Title:	<u>CLAUDIO TOLEDO RIBEIRO</u>	Name and Title:	<u></u>
Address	<u>1973 SW SAVAGE BLVD</u>	Address:	<u></u>
	<u>PORT ST LUCIE, FL 34953</u>		<u></u>
	<u>DIRECTOR</u>		<u></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: TAXPEOPLE, LLC  
 Address: 2855 SW BRIGHTON ST  
PORT ST LUCIE, FL 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CLAUDIO TOLEDO RIBEIRO  
 Address: 2855 SW BRIGHTON ST  
PORT ST LUCIE, FL 34953

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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  
 08/28/2023  
 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  
 08/28/2023  
 Date