

N23000012338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

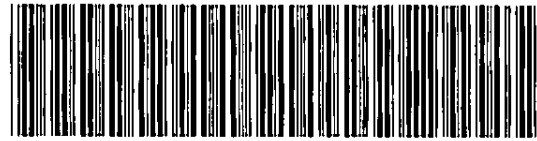
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2023

CAPITAL CONNECTION, INC.

,

SUBJECT: GOVARIA FAMILY FOUNDATION INC.
Ref. Number: W23000137416

We have received your document for GOVARIA FAMILY FOUNDATION INC..
However, the document has not been filed and is being returned for the following:

Section 617.0202(d), Florida Statutes, requires the manner in which directors are
elected or appointed be contained in the articles of incorporation or a statement
that the method of election of directors is as stated in the bylaws.

If you have any further questions concerning your document, please call (850)
245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 223A00023275

RECEIVED
2023 OCT 10 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GOVARIA FAMILY FOUNDATION INC

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

112 Bender's Printing • Tallahassee, FL 32301

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

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

ARTICLE I NAME

The name of the corporation shall be: Govaria Family Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3315 Fairfield Lane

Weston, FL 33331

Mailing address, if different is:
3315 Fairfield Lane

Weston, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all purposes exempt pursuant to IRS Code 501(c), including but not limited to charitable and religious.

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

As stated in the Bylaws of the Foundation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sammed Govaria Name and Title: Saima Govaria

Address: 3315 Fairfield Lane Address: 3315 Fairfield Lane
Weston, FL 33331 Weston, FL 33331

Name and Title: Saman Govaria Name and Title: _____

Address: 3315 Fairfield Lane Address: _____
Weston, FL 33331 _____

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: Yasir Billoo Esq.

Address: 2122 Hollywood Blvd.

Hollywood, FL 33020

ARTICLE VII INCORPORATOR

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

Name: Sammed Govaria

Address: 3315 Fairfield Lane

Weston, FL 33331

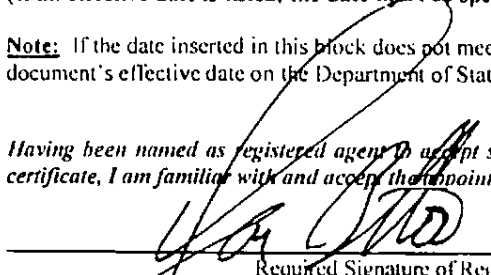
ARTICLE VIII EFFECTIVE DATE:

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.

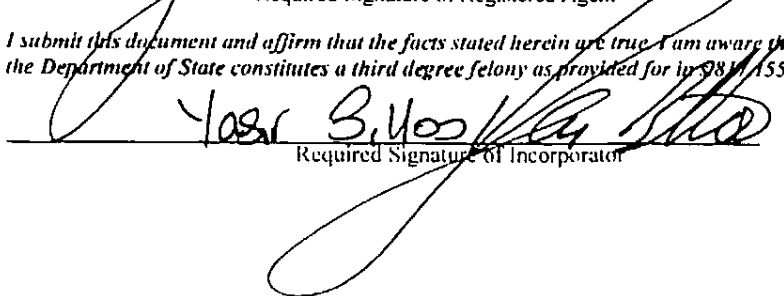
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:


Required Signature of Registered Agent

07/21/2023

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 98A.155, F.S.


Required Signature of Incorporator

07/21/2023

Date

2023 JUL 10 PM 2:50