

N 23000015050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

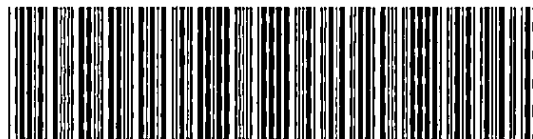
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500420373125

RECEIVED  
2023 DEC 15 PM 3:17  
HALL HESSE, FLORIDA  
2023

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$78.75

AUTHORIZATION SIGNATURE: \_\_\_\_\_

Hafizulla Humanitarian Corporation.

BUSINESS

Document # \_\_\_\_\_

\_\_\_\_ Walk in

\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_ Mail out

\_\_\_\_ Will wait

\_\_\_\_ Photocopy

X Certified Copy

\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit  
\_\_\_\_ Not for Profit  
\_\_\_\_ Limited Liability  
\_\_\_\_ Domestication  
\_\_\_\_ Other  
\_\_\_\_ **CORP**

**AMMENDMENTS**

\_\_\_\_ Amendment  
\_\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_ Merger  
\_\_\_\_ **Conversion**

**OTHER FILINGS**

\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign filing  
\_\_\_\_ Limited Partnership  
\_\_\_\_ Reinstatement

\_\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$78.75

AUTHORIZATION SIGNATURE: \_\_\_\_\_

Hafizulla Humanitarian Corporation.

BUSINESS

Document #

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

X **Certified Copy**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ **CORP**

**AMMENDMENTS**

\_\_\_ Amendment  
\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_ Change of Registered Agent  
\_\_\_ Dissolution/Withdrawal  
\_\_\_ Merger  
\_\_\_ **Conversion**

**OTHER FILINGS**

\_\_\_ Annual Report  
\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement

\_\_\_ APOSTIL ( ) \_\_\_  
**Country**

\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Haffizulla Humanitarian Corporation

(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:** Jason Kung  
Name (Printed or typed)

4 Centerpointe Drive Suite 310  
Address

La Palma, CA 90623  
City, State & Zip

714-252-5822  
Daytime Telephone number

myaccountingteam@karladennis.com  
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: Haffizulla Humanitarian Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:  
11408 Water Oak Pl, Davie, FL 33330

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of  
distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code,  
or corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As stated by the  
bylaws.

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

Name and Title: Jason Haffizulla, President Name and Title: \_\_\_\_\_

Address: 11408 Water Oak Pl, Davie, FL 33330 Address: \_\_\_\_\_

Name and Title: Farzanna Haffizulla, Vice President Name and Title: \_\_\_\_\_

Address: 11408 Water Oak Pl, Davie, FL 33330 Address: \_\_\_\_\_

Name and Title: Anisa Haffizulla, Secretary Name and Title: \_\_\_\_\_

Address: 11408 Water Oak Pl, Davie, FL 33330 Address: \_\_\_\_\_

2023

Name and Title: Nadia Haffizulla, Treasurer Name and Title: \_\_\_\_\_  
Address 11408 Water Oak Pl, Davie, FL 33330 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: Jason Haffizulla  
Address: 11408 Water Oak Pl, Davie, FL 33330  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jason Kung  
Address: 4 Centerpointe Dr. #310  
La Palma, CA 90623

**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  
12/14/2023  
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  
12/14/2023  
Date

2023 DEC 14 11:05 AM

**ARTICLE IX SUPPLEMENTAL PROVISIONS/INFORMATIONS**

Upon the dissolution of the organization, its assets remaining after payment, or provision for payment, of all debts and liabilities of this organization shall be distributed to a nonprofit fund, foundation or organization which is organized and operated exclusively for charitable, religious, educational, and/or scientific purposes and which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.