

# N24000005229

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000150011 3)))



H240001500113ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
TEENS FOR TOMORROW FOUNDATION INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 APR 29 PM12:13

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. MATTHEWS

APR 30 2017

2024 APR 23 PM 3:22

NS

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

**ARTICLE I NAME**The name of the corporation shall be: Teens For Tomorrow Foundation Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:8205 SW 178 Ter.

Mailing address, if different is:

Palmetto Bay, FL 33157**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO help Children and  
families in need.

FILED  
2014 APR 29 PM 12:13  
CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:By the bylaws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Monica Villalba, President Name and Title: Dominic Villalba, DirectorAddress: 8205 SW 178 Ter. Address: Same as above  
Palmetto Bay, FL 33157Name and Title: Dylan Villalba, Director Name and Title: Daniel Villalba, VPAddress: Same as above Address: Same as aboveName and Title: Dean Villalba, Director Name and Title:Address: Same as above 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: Monica Villaiba  
Address: 8205 SW 178 Ter.  
Palmetto Bay, FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Monica Villaiba  
Address: 8205 SW 178 Ter.  
Palmetto Bay, FL 33157

*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.*

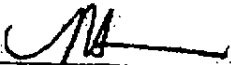


Required Signature of Registered Agent

04/2024

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 § 817.155, F.S.*



Required Signature of Incorporator

04/2024

Date