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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

My Best Friend's Place Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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COVER LETTER

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

SUBJECT: My Best Friend's Place 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
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Erik Treutlein, Legalzoom.com, Inc.
Name (Printed or typed)

9900 Spectrum Drive
Address

Austin, TX 78717
City, State & Zip

323 962-8600 ext 9724
Daytime Telephone number

ramanagement@legalzoom.com
E-mail address: (to be used for future annual report notification)

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

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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: My Best Friend's Place Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
21431 NW 13th Ct

Miami FL 33169

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Please see attachment

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The method by
which the directors of the corporation are elected or appointed will be stated in the bylaw

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Kari Munoz, P. D	Name and Title:	Nathan L Pellum, T,D
Address	21431 NW 13th Ct Apt 116	Address:	5022 Eulace Rd
	Miami, FL, 33169		Jacksonville, FL 32210
Name and Title:	Jack Russell, S. D	Name and Title:	Luis E Muñoz
Address	21431 NW 13th Ct Apt 116	Address:	21431 NW 13th Ct Unit 116 Miami G
	Miami, FL 33169		Unit 116
Name and Title:		Name and Title:	
Address		Address:	

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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: United States Corporation Agents, Inc.

Address: 476 Riverside Ave.

Jacksonville, FL 32202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kari Munoz

Address: 21431 NW 13th Ct 116

Miami, FL 33169

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 30, 2024 (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

Erik Treutlein

Required Signature of Registered Agent

Erik Treutlein, United States Corporation Agents, Inc.

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.

07/30/2024

Date

Kari Munoz

Required Signature of Incorporator

Kari Munoz

07/30/2024

Date

Attachment to
Articles of Incorporation of
My Best Friend's Place Inc.

Said organization 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 under the section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code. The business activity for said organization is as follows: Helps people who are actively in recovery stay sober, and have a safe and drug-free environment to live in while they achieve sobriety

No part of the net earnings of this organization shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of this organization shall be the carrying on propaganda, or otherwise attempting to influence legislation, and this organization shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the corporation shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(e) (2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of this corporation, assets remaining shall be distributed for one or more exempt purposes within the meaning of Section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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A.L.T.