

N240000012039

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : YOUR DREAM SERVICES CORP.
Account Number : I2020000137
Phone : (786)660-0108
Fax Number : (786)364-1047

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@YOURDREAMMS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
INTIMAS FOUNDATION INC

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2024 OCT 14 AM 9:30

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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

(((H24000343639 3)))

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

SUBJECT: INTIMAS 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
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: NATASHA CHACON

Name (Printed or typed)

7265 NW 74TH ST 4

Address

MEDLEY FL 33166

City, State & Zip

(1) 786-973-6361

Daytime Telephone number

hola@intimasciedios.com

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

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

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAMEThe name of the corporation shall be: INTIMAS FOUNDATION INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

7265 NW 74TH ST 4MEDLEY FL 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: COMPREHENSIVE CARE FOR WOMEN, EDUCATION, SOCIAL WORK
MEANS OF EDUCATION.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NATASHA CHACON PRESIDENT Name and Title: _____Address: 11542 NW 80TH ST Address: _____
DORAL, FL 33178Name and Title: JESUS BERRA SECRETARY Name and Title: _____Address: 11542 NW 80TH ST Address: _____
DORAL, FL 33178Name and Title: NAILYN LICONA TREASURER Name and Title: _____Address: 17241 NW 94TH CT Address: _____
APT 309
HIALEAH GARDENS 33018

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Name and Title: ANGEL BERRA DIRECTOR Name and Title: (((H24000343639 3)))
Address: 2531 NW 84TH AVE Address: _____
APT 311 _____
MIAMI FL 33122-1576 _____

Name and Title: LISETH ROJAS DIRECTOR Name and Title: _____
Address: 11542 NW 80TH ST Address: _____
DORAL FL 33178 _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: YOUR DREMA MULTISERVICES CORP
Address: 9554 NW 41 ST
DORAL FLORIDA 33178

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: NATASHA CHACON
Address: 7265 NW 74TH ST 4
MEDLEY FL 33166

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

Isamar Torres
Required Signature of Registered Agent

10/07/2024

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 s. 817.155, F.S.

Natasha Chacon
Required Signature of Incorporator

10/07/2024

Date

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