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		Florida Department of State
		Division of Corpusation lectors Form Corpusation Plase mut this age an use it is a cover sees The the fax udit number (shown close the shand be om colling and the former.
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	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:	Fax Number : (850)617-6381
		Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944
	* 0	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
		EVERYDAY ABILITIES FOUNDATION CORP
		Certified Copy
		Estimated Charge \$78.75
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ARTICLES OF IN In compliance with Chapter	CORPORATION 617, F.S., (Not for Profit)
ARTICLE I: NAME The name of the corporation shall be: Everyday Abilities Fo	oundation CORP
Previde 1 Develop	in it is a second se
ARTICLE II: PRINCIPAL OFFICE Principal street address:	Mailing address, if different is:
8041 SW 163 St Palmetto Bay FL 331	57 .N/A

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

- The Corporation is organized exclusively for charitable, religious, educational, recreational, and scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. The primary purpose of the 1. Corporation is to provide day care/therapeutic services to adults and children with developmental disabilities and Long-Term Care (LTC) services to vulnerable citizens: elderlies and any other individual with special needs, aimed at improving their quality of life by offering a safe, supportive environment, social integration, and specialized care. In furtherance of these purposes, the Corporation may engage in activities including, but not limited to:
- 2. Providing, day care services, including daily living activities, recreational activities, and social services for individuals with developmental disabilities and elderlies in long term, care condition.
- Offering vocational training, skill development programs, and therapeutic services aimed at improving participants' physical, 3. cognitive, and emotional well-being.

Collaborating with other agencies, nonprofits, and governmental bodies to promote inclusion and improve services for adults with 4, special needs or elderlies in Long-Term Care (LTC) condition.

## ARTICLE IV: MANNER OF ELECTION:

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The officers shall be elected annually by the board of directors. Each director shall serve terms of 2 years or until a successor has been elected and qualified. Directors are typically elected by either the existing board members themselves (a "self-perpetuating" board), or by the organization's voting members, with the specific method outlined in the organization's bylaws; some directors may also be appointed as "ex officio" directors due to another position required within the organization, like the CEO.

## ARTICLE V: INITIAL OFFICERS AND/OR DIRECTORS

\$ 1 Name and Title: Marcos Ledo - President- 8041 SW 163 St Palmetto Bay FL 33157

Name and Title: Michel Morales-Treasurer- 5401 SW 42 St Davie FL 33314

Name and Title: Gisela Dominguez - Secretary - 15880 NW 37 Ct Opalocka FL 33054

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ARTICLE VI: RE	GISTERED AGENT					,	
The name and Flo	rida street address (P.O. Box NOT a	cceptable) of the	e registered ager	IT IS:			
Name:	Angie Savage				:	_	
Address:	5401 SW 42 St Davie FL 33314				· * ·	2024	
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ARTICLE VII	INCORPORATOR					12	:
The name and add	iress of the Incorporator is:	•.					
					1.15	<u>, p</u>	500
Name:	Doris Rodriguez				۰. ۲	i)	
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Address:	5401 SW 42 St Davie Fl 33314			•	- <u> </u>	20	
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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

	angue		10/23/2024
·	Required Signature of Registered Agent		Date
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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.

			10/23/2024
· · · · · · · · · · · · · · · · · · ·	Required Signature of Incorporator	 <u>k</u>	Date
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