

N24000013250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

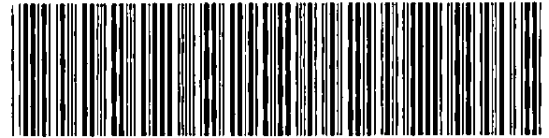
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 NOV 12 AM 9:47

STATE OF FLORIDA
TALLAHASSEE, FL

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TALLAHASSEE, FL



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 11/08/24
Order #: 1675826-1
Re: Lavender Pride Health Corp.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: ~~500.00~~ 78.75 - FL State Account Number: 1200000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

Handwritten signature
78.75

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TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Lavender Pride Health Corp.

(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

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TALLAHASSEE FL

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FROM: Nicole Fernandez

Name (Printed or typed)

1620 SW 19th St

Address

Miami, FL 33145

City, State & Zip

(305) 203-3074

Daytime Telephone number

contact@lavenderptw.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: Lavender Pride Health Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4649 Ponce de Leon, Suite 302, Coral Gables, FL 33146

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable purposes under section 501(c)(3) of the Internal Revenue Code, or any corresponding section of any future federal tax code.

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by the existing board of directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Nicole Fernandez, Co-Executive Director & Co-Founder</u>	Name and Title: <u>Erika Lopez, Co-Executive Director & Co-Founder</u>
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Address: <u>1620 SW 19th St</u>	Address: <u>1620 SW 19th St</u>
<u>Miami, FL 33145</u>	<u>Miami, FL 33145</u>

Name and Title: <u>Catherine Hurtado, Co-Executive Director</u>	Name and Title: _____
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Address: <u>15038 NW 87th Pl</u>	Address: _____
<u>Miami Lakes, FL 33018</u>	_____

Name and Title: _____	Name and Title: _____
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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: Nicole Fernandez
Address: 1620 SW 19th St
Miami, FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicole Fernandez
Address: 1620 SW 19th St
Miami, FL 33145

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

Nicole Fernandez
Required Signature of Registered Agent

11/8/2024
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.

Nicole Fernandez
Required Signature of Incorporator

11/8/2024
Date

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TALLAHASSEE, FL
DEPARTMENT OF STATE