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Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
HANDS OF CARE FOUNDATION INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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MS

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: HANDS OF CARE FOUNDATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9000 N.W. 15th Street

Suite 6-7

Doral, Fl. 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To support those in the South Florida community who are in need of help including, but not limited to, medical care and support.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Faris Z. Hawatmeh – President

Address 9000 N.W. 15th Street

Suite 6-7

Doral, Fl. 33172

Name and Title: Zuylan R. Vicente - Secretary

Address: 9000 N. W 15th Street

Suite 6-7

Doral, Fl. 33172

Name and Title: Mayret Padron – Vice President

Address 9000 N.W. 15th Street

Suite 6-7

Doral, Fl. 33172

Name and Title: Mariangel Lopez - Treasurer

Address: 9000 N.W. 15th Street

Suite 6-7

Doral, Fl. 33172

Name and Title:

Address

Name and Title:

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: Juan Carlos Bermudez, P.A.

Address: 201 Alhambra Circle - Suite 600

Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Faris Z. Hanatmeh

Address: 9000 NW 15th Street

Doral, FL 33172

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

_____ 12/9/24

Required Signature of Registered Agent 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.

_____ 12/9/24

Required Signature of Incorporator Date

EFFECTIVE DATE 1-1-25