

N25000010086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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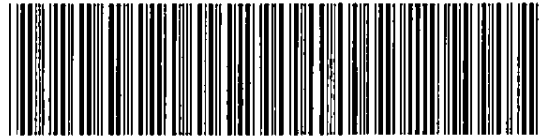
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE

C

COVER LETTER

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

SUBJECT: Not A Statistic; Miscarriage & Pregnancy After Loss Support, 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: Tzipporah Zwiren

Name (Printed or typed)

4631 NW 3rd Avenue

Address

Boca Raton, FL 33431

City, State & Zip

845.641.0125

Daytime Telephone number

NotAStatisticPL@gmail.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: Not A Statistic; Miscarriage & Pregnancy After Loss Support, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4631 NW 3rd Avenue

Boca Raton, FL 33431

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the 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 so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tzipporah Nechama Zwiren

Address: _____

Name and Title: Gershon N. Zwiren

Address: _____

Name and Title: Yael Tzipora Sait

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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STATE
CLERK
FL

FILED

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: Tzipporah Nechama Zwiren

Address: 4631 NW 3rd Avenue

Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Tzipporah Nechama Zwiren

Address: 4631 NW 3rd Avenue

Boca Raton, FL 33431

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 25, 2025 (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.)

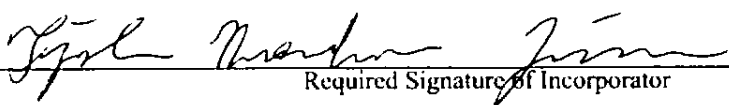
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

07/30/2025
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 §817.155, F.S.


Required Signature of Incorporator

07/30/2025
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FL