

N96000004373

TRANSMITTAL LETTER

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

600001927006
-08/20/96--01128--014
*****70.00 *****70.00

SUBJECT: CHILDREN IN NEED SOCIETY - Non Profit

(Proposed corporate name - must include suffix)

Checked with Fictitious Names Dept and name
is clear

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

☐ \$122.50

Filing Fee
& Certified Copy

☐ \$131.25

Filing Fee,
Certified Copy
& Certificate

FROM

CONSTANCE CIROCCO

Name (Printed or typed)

2430 NW 107 Avenue

Address

Coral Springs Florida 33065-3615

City, State & Zip

954/752-7260

Daytime Telephone number

AUG 21 1996

BSB

713

W96-17525

Mrs. Cirocco GAVE

TELEPHONE TO

Suffix (Inc.)

8/21/96

BSB

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 21, 1996

CONSTANCE CIRROCCO
2430 N.W. 107TH AVENUE
CORAL SPRINGS, FL 33065-3615

SUBJECT: CHILDREN IN NEED SOCIETY *Inc.*
Ref. Number: W96000017525

We have received your document for CHILDREN IN NEED SOCIETY and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Section 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 496A00039733

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation

FILED
96 AUG 19 PM 3:46
CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE I

Name

The name of the corporation shall be

CHILDREN IN NEED SOCIETY, INC.

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be

Children in Need Society
% Constance Cirocco
2430 NW 107 Ave
Coral Springs Florida 33065

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

Raise monies for children in need

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

Appointed by round table discussion

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617 0302, Florida Statutes, unless limited are as follows

None - Non Profit

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is

Constance Cirocco
2430 NW 107 Ave
Coral Springs Fl 33065

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Constance Cirocco
2430 NW 107 Ave
Coral Springs Fl 33065-3615

Jennifer Rivera
12364 SW 1 St
Coral Springs Fl 33071-8057

Dolores Lorenzo
12364 SW 1 Street
Coral Springs Fl 33071-8057

Genevieve Lewis
2460 NW 108 Dr
Coral Springs Fl 33065-3635

The undersigned incorporator has executed these Articles of Incorporation this ____ day of ____

8/12/96, 19__

Signature of Incorporator

Constance Cirocco

CONSTANCE CIROCCO

Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1 The name of the corporation is:

CHILDREN IN NEED SOCIETY, INC.

(must include suffix)

- 2 The name and address of the registered agent and office is

Constance Cirocco

(NAME)

2430 NW 107 Ave

(P O Box or Mail Drop Box **NOT** ACCEPTABLE)

Coral Springs Fl 33065-3615

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Constance Cirocco
(SIGNATURE)

8/12/96
(DATE)

RECEIVED
SECRETARY OF STATE
FLORIDA
AUG 19 1996
PM 3:47