

N 96 00000 5090

Requestor's Name  
Address  
City/State/Zip  
Phone #

Office Use Only

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT - 1 PM 3:25

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- Alava (Giovanni) Foundation 500001961305  
(Corporation Name) (Document #)
- 
- 
- 

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

954-433-0062  
Wag-20947  
P/H  
10/3/96

5/10/3

Examiner's Initials

## 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:*

### ARTICLE I

#### Name

The name of the corporation shall be:

Alexa Giovanni Foundation, Inc.

### ARTICLE II

#### Principal place of business and mailing address

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

10401 NW 17 PL  
Pembroke Pines, FL  
33026

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT -1 PM 3:25

### ARTICLE III

#### Purpose(s)

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

To Run & ORGANIZE CHARITY FUNCTIONS  
TO HELP SUPPORT A FIVE YEAR OLD  
CANCER VICTIM AND HER FAMILY

### ARTICLE IV

#### Manner of election of directors

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

Directors shall be elected by the  
members of the corporation at an  
annual meeting.

**ARTICLE V. LIMITATION OF CORPORATE POWERS**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

**ARTICLE VI. INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Stacy Hood  
10401 NW 17 PL  
PEMBROKE PINES, FL 33026

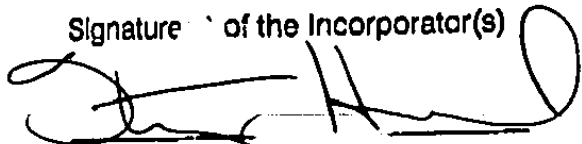

**ARTICLE VII. INCORPORATORS**

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

Mathhve Lerner 17832 S.W. 11 St  
Pem. Pines, FL 33029  
Marta S. Evans 12386 N.W. 13 St  
Pembroke Pines FL 33026

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
27 day of September, 1996.

Signature of the Incorporator(s)

Stacy Hood

Typed name of Incorporator signing

Mathhve Lerner

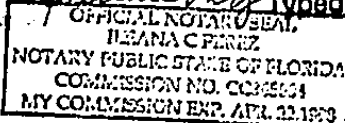
Marta Evans

Typed name of Incorporator signing

Marta S. Evans

Marta S. Evans

Typed name of Incorporator signing



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

Pursuant to the provisions of sections 607.0501 or 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: Alexa Giovanni Foundation <sup>INC</sup>

2. The name and address of the registered agent and office is:

Stacy Hood

(NAME)

10401 NW 17 Place

(P.O. BOX NOT ACCEPTABLE)

Pembroke Pines, FL 33026

(CITY/STATE/ZIP)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT - 1 PM 3:25

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.

SIGNATURE [Signature]

DATE 9/26/96