

1/990000015/8

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

000002802310--9

-03/11/99--01050--028

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. NEVER ALONE FOUNDATION INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED  
99-MAR-11 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" 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

3/11  
RECEIVED  
99-MAR-11 AM 11:06  
DIVISION OF CORPORATIONS

Examiner's Initials

**ARTICLES OF INCORPORATION****FOR**Never Alone Foundation INC.SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 MAR 11 PM 12:13

**FILED**

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: Never Alone Foundation INC.

**ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

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

6280 Coral Way  
Miami, FL 33155

**ARTICLE III PURPOSE(S)**

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

Serve the elderly and ill in the community by visiting them in hospitals and other facilities and offering them assistance and companionship. Educate the community on the needs of the elderly and ill. Help sponsor special events to invite the community to share with the elderly and ill.

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

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

By minutes and by-laws

**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:

Maday Kennedy  
6280 Coral Way  
Miami, FL 33155

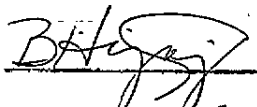
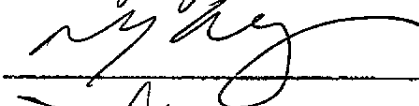
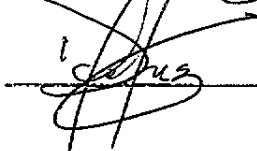
**ARTICLE VII INCORPORATORS**

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

Betty Hijazi - President - 1023 Capri St, Coral Gables, FL 33134  
Maday Kennedy - Vice-President - 6280 Coral Way, Miami, FL 33155  
David Lopez-- Treasurer - 1013 Capri St, Coral Gables, FL 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
10 day of March, 19 99.

Signature(s) of the Incorporator(s)

Betty Hijazi  
Typed name of incorporator signing

Maday Kennedy  
Typed name of incorporator signing

David Lopez  
Typed name of incorporator signing

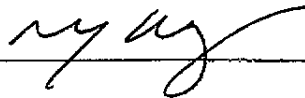
**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

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: Never Alone Foundation
2. The name and address of the registered agent and office is:  
Maday Kennedy  
(NAME)  
6280 Coral Way  
(P.O. BOX NOT ACCEPTABLE)  
Miami, FL 33155  
(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.

SIGNATURE

DATE 3/10/99SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 MAR 11 PM 12:13

FILED

REGISTERED AGENT FILING FEE: \$35.00