TRANSMITTAL LETTER

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 3231	4		700003810587 -03/07/0101085- *****78.75 *****
SUBJECT: <u>F</u>	PROPOSED CORPORAT	CHARIT TE NAME - MUST INCLU	ES ME.
Enclosed is an original	al and one(1) copy of the article	es 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 of Status
		ADDITIONAL CO	
FROM:	Jose PH Name (Pr	BATTATA	LiA
	4340 LisA	DR. Address	FILI 01 MAR -7 SECRETARY TALLAMASSE
	LAKE WORT.	H F1. 33	346 7 PM 4 10 ASSEE, FLARIDA
m he	561 969-	0988 elephone number	RIDA
2 Co. /			

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

Soeph	GAVE
) AUTHORIZATION BY PHON	IC TO
	E IU
CORRECT HOLD	
DATE 3/(2)	
DOC. EXAM DOB	
OOD, EAGINE	

ARTICLE I NAME The name of the corporation shall be: FLORIDA CHARITIES, IN	'C.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4340 L LAKE WA	ISA DR. PRTH FL. 33467
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Solicitation of Contribution	NS
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional The name(s) and address(es): JOSEPH BATTAGI, A 4340 LISA OR. LAKE WORTH FL. 33467	O1 MAR -7 PM SECRETICAL OF S TALLAHASSEE, FL
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: IOSE PH BATTAGITA 4340 LISA OR. LAKE WORTH FL. 33467	ED # 10
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: IOSEPH BATTAGIA 4340 LISA DR. LAKE WORTH FL 33467	
**************************************	ed corneration at the place designated in this
Signature/Registered Agent JOSEPH BAT TAGINA	3-5-01 Date
Signature/Incorporator	3-5-01 Date

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)