

P0600008387/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

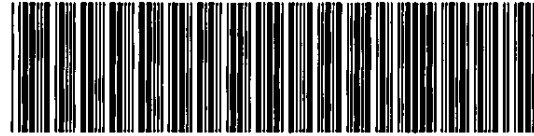
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/20/06--01043--005 **315.00

RECEIVED
06 JUN 20 AM 11:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
06 JUN 20 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
6/21

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. Inter Humana Org, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input checked="" 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

Examiner's Initials

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:
INTER HUMANA ORG, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
5660 NW 115 CT #202
DORAL, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO MAKE EVENTS FOR NON PROFIT ORGANIZATION
RAISE MONEY TO DONATE FOR DIFERRENT ORGANIZATIONS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
BY MINUTES & BY-LAWS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

WILLIAM PRAZUELA (P/D)
BEATRIZ CRUZ (V/D)
MILAGROS SOTO (S/D)
5660 NW 115 CT #202
DORAL, FL 33178

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

WILLIAM PRAZUELA
5660 NW 115 CT #202
DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM PRAZUELA
BEATRIZ CRUZ
MILAGROS SANTOS
5660 NW 115 CT #202 DORAL, FL 33178

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.

Signature/Registered Agent

Signature/Incorporator

06-16-06

Date

06-16-06

Date

FILED
06 JUN 20 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA