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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
YELLOW ROSE ORIENTATION CENTER, CORP.**

Certificate of Status	0
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COVER LETTER

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

SUBJECT: Yellow Rose Orientation Center, Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Sandra Berrios
Name (Printed or typed)
18590 NW 67 Avenue
Address
Suite 200B Miami, FL 33018
City, State & Zip
305 364-8941
Daytime Telephone number
Berrios223@aol.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Yellow Rose Orientation Center, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

18590 NW 67 Avenue

Suite 200B Miami, Florida

33015

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: An orientation center for domestic violence
abused women. Our purpose is to provide a directory of women shelters,
government and provate entities where they receive financial aid, legal advise
etc, and also orientation on how to prepare to leave their home if necessary.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra Berrios/President Name and Title: _____

Address: 18590 NW 67 Avenue Address: _____
Suite200B
Miami, Florida33018

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sandra Berrios
Address: 18590 NW 67 Avenue
Suite 200B Miami, FI 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sandra Berrios
Address: 18590 NW 67 Avenue
Suite 200B Miami, FI 33015

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

Sandra Berrios

Required Signature of Registered Agent

2/14/14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

Sandra Berrios

Required Signature of Incorporator

2/14/14

Date

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