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Division of Corporations

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From:

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Account Number: I20070000160 : (800)494-3124 Phone

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FLORIDA PROFIT/NON PROFIT CORPORATION

Where Can I Donate Foundation, Inc.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$70.00

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JUL 1 1 2019

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

		onate Foundation, Inc.	H19000209601 3
he name of the benefit	t corporation shall be:		·
RTICLE II PRIN	Principal street address	Mailing	address, if different is:
4941 SW 36 Terrac	ce		
Mami, FL 33185			
The corporation elects The purpose for which	FIT STATEMENT AND BUSINESS F to be a benefit corporation in accordant the corporation is organized is to creat andation, Inc.'s purpose is to simplify the pro-	nce with s. 607.603, F.S. ite a general public benefit and:	a donations
by removing the obstacle	s people usually face when trying to figure o	out where to donate their items, time	, or money
o non profit organization	s. It will act as a search engine, matching us	sers to non profits that will accept the	ir donations
and are votted by Where	Can I Donate Foundation, Inc. to ensure the	at the donation is making a difference	0.
follows (optional):	ecific public benefit(s) to be created by I Donate Foundation, Inc. Improve the lives		
but it will also benefit tho	se who have items, time, or money that the	y wish to donate by making the proce	965
more convenient, and it	will benefit the nonprofit organizations them	selves by increasing their visibility	
and accessibility. An add	difional, sustainable plus to Where Can I Do	nate Foundation, Inc. Is	
the emphasis on rausing	and recycling items already in existence, in	nateed of creating new waste.	
ARTICLE IV SHA		Value \$.01	
ARTICLE V INT	,		
WALLE A HALL	TIAL OF FICERS, DIRECTURS, BEN	EFIT DIRECTOR AND BENE	FIT OFFICER (if Applicable)
Name and T	Director, President: itlc:		
	Director, President: 'itlc: Victoria Gonzalez		
Name and T	Director, President: 'itlc: Victoria Gonzalez	Name and Title:	
Name and T	Director, President: 'itlc: Victoria Gonzalez	Name and Title:	
Name and T Address	Director, President: Titlo: Victoria Gonzalez 14941 SW 36 Terrace Miami, FL 33185	Name and Title: Address:	
Name and T Address Name and Ti	Director, President: itlc: Victoria Gonzalez 14941 SW 36 Terrace Miami, FL 33185	Name and Title: Address: Name and Title:	
Name and T Address	Director, President: Titlo: Victoria Gonzalez 14941 SW 36 Terrace Miami, FL 33185	Name and Title: Address: Name and Title:	

Name a	and Title:	Name and Title:	
Addre		H190	000209601 3
If appl	icable, BENEFIT DIRECTOR:	If applicable, BENEFIT OFFICER	. .
Name	:	Name:	
Addre	ess	Address:	
		<u> </u>	
RTICLE VI	REGISTERED AGENT		
he <u>name and</u>	Florida street address (P.O. Box NOT acc Victoria Gonzalez	eptable) of the registered agent is:	
ame:	14941 SW 36 Terrace		
ddress:			
	Miami, FL 33185		
RTICLE VII	I INCORPORATUR		
ne <u>name and</u>	<u>I address</u> of the Incorporator is: Victoria Gonzalez		
Name:			
Address:			
	Miami, FL 33185 . ————————————————————————————————————		
ARTICLE VI	II ADDITIONAL QUALIFICATIONS O	BENEFIT DIRECTOR IF ANY:	
	·		
			at the place designated
laving been his certificate	named as registered figent to accept service e. I am familiar with and accept the appoint	of process for the above stated corporation nent as registered agent and agree to act in t	at the paice designated his capacity
	1/1/1/1990		8/19
	Required Signature Registered	Agant	Date
submit this	document and uffirm that the facts stated	herein are true. I am aware that the false in	formation submitted it
locument to	the Department of State constitutes a third of	egree felony as provided for in s217.155, F.A	5. /8/19
	Magan)		
	Required Signature Incorpo	rator	Date

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