

P23000037204

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000175215 3)))



H230001752153ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
UMBRELLA OF HOPE CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2023 MAY 10 PM 4:51

CORPORATIONS
COMMERCIAL
SERVICES

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PM 12:07

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Umbrella of Hope CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7501 SW 159 PL, Miami, FL 33193

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing assistance to those in need by using the funds obtained by donations in the not-for-profit corporation Umbrella of Hope.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By majority of votes

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rosarlem S Mejias. President and Founder

Name and Title:

Address 7501 SW 159 PL
Miami, FL, 33193

Address:

Name and Title: Daniel Manuel Mejias Gutierrez. Treasurer

Name and Title:

Address 7501 SW 159 PL
Miami, FL, 33193

Address:

Name and Title: Damarys Alvarez. Secretary

Name and Title:

Address 15351 SW 194 AVE
Miami, FL, 33187

Address:

Name and Title: _____ Name and Title: _____

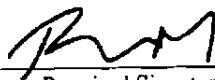
Address _____ Address: _____

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: Rosarlem S MejiasAddress: 7501 SW 159 PL
Miami, FL, 33193**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Rosarlem S MejiasAddress: 7501 SW 159 PL
Miami, FL, 33193


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

_____
Required Signature of Registered Agent

5/10/23

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.817.155, F.S.

_____
Required Signature of Incorporator

5/10/23

Date