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COVER LETTER

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

SUBJECT:	PROJECT	ZECHARIAH: NICARAGUAN CHILDREN FOUNDATION, INC	· ,
	<u></u>	(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

\$ \$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: KARLEEN FOSTER

Name (Printed or typed)

1001 BRICKELL BAY DRIVE # 3200

Address

MIAMI, FLORIDA 33131

City, State & Zip

305-350-5690

Daytime Telephone number

KFOSTER@FUERSTLAW.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the	NAME ne corporation shall be: PROJECT ZECHA	ARIAH: NICARAGUAN CHILDREN FOUNDATION	, INC.	
ARTICLE II	PRINCIPAL OFFICE			-
116	Principal <u>street</u> address: 60 SW 72 AVENUE, MIAMI, FL 3	Mailing address, if different is:		
	or which the corporation is organized is:	r charitable, educational, religious and/o n 501(c)(3) of the Internal Revenue Cod		
as amer	nded.			
ARTICLE IV	·	anner in which the directors are elected and appointed:		
ARTICLE I	/ INITIAL OFFICERS AND/OR DI	RECTORS		
Name and Title	Adela P. Diaz, President	Name and Title:		
Address	13911 SW 75 Street	Address:		
	Miami, FL 33183			
Name and Title	Jose Enrique Diaz, VP	Name and Title:		
Address	13911 SW 75 Street	Address:	15 F	7. 1.0.1 2.1.3
	Miami, FL 33183		FE8 13	
Name and Title	Raymond Genie, Director	Name and Title:		
Address	Centro Comerical MGA100	Address:	<u> </u>	Carried Taried Taried Carried
	meters East		 '	P.
	Managua, Nicaragua			

Name and Title:	.: Na	ame and Title:		
Address	Ac	ddress:	··	
	Na	eme and Title:		
Address	Ac	idress:		
ARTICLE VI	REGISTERED AGENT rida street address (P.O. Box NOT acceptab	le) of the registered agent is:		
Name:	CT Corporation System	le) of the registered agent is.		
Address:	1200 S. Pine Island Road			
	Plantation, FL 33324			
ARTICLE VII The name and add	INCORPORATOR Iress of the Incorporator is: Karleen Foster			
Address:	1001 Brickell Bay Drive # 32	200		
	Miami, FL 33131			
certificate, 1 gm fa	/ /Y Nachior Glasheeti	gistered agent and agree to act in this Assistant Secretary ent re true. I am aware that any false in	2 2 ZO15 Date	
K	Unter	•	January 30, 2015	
	Required Signature of Incorpora	stor	Date	

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