

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.

(((H15000295936 3)))



H150002959363ABC7

To:						5 0EC	
	Division of Cor	rpo	rations			3	
	Fax Number	:	(850)617-6381		第 5	5	7"
From:					(* ^{**}) .	200	7-
	Account Name	:	SUPERBIZ.COM,	INC.	- t; ;		•
	Account Number	:	120070000160		Park Control	٠i	
	Phone		(800)494-3124		70.3		
	Fax Number	:	(305) 675-2811		BA	90	
			usiness entity				

FLORIDA PROFIT/NON PROFIT CORPORATION

Global Empowerment Ministries USA Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

| DATE /2///5

Electronic Filing Menu

Corporate Filing Menu

Help

.*

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

H15000295936 3

	the corporation shall be:			
ARTICLE	<u> PRINCIPAL OFFICE</u>			
21	Principal <u>street</u> address: 11 Mahan DR Suite 20		Mailing address, if different	is:
	11 Miniat DA Suite 20	·		TO THE
Ta	Ilahassee, FL 32308			
				1
ARTICLE I	U PURPOSE			85. 6
The purpose	for which the corporation is organized is:			
This Corpor	ation is being filed pursuant and in compli	ance with The State of	Florida's Non Profit Code and wi	th all professional
	adherence to any licenses, intelligence, equ			
	ing to address the alarming statistics conce			
and childho	od deviant behavior, thereby in support of	our over tasked crimin	al justice system and substance ab	use. All monies reised
and service	, programs developed will be to that end. V	Ve bereby style ourselv	ves an integrative healthcare provi	der with an emphasis
on NeuroPs	sychiatric, NeuroDegenerative and multifac	ceted mental health ap	plicatons.	
ARTICLE I	V MANNER OF ELECTION The ma	anner in which the direc	tors are elected and appointed: 28	stated by the Bylaws

ARTICLE)	INITIAL OFFICERS AND/OR DIRE	CTORS		
Name and T	Vitle: Director	Name and Title:	Director & Vice President	
Address	Monica Logan	Address:	Cecil Moore PhD	
	595 Piedmont Ave		1182 Valeo Dr	**************************************
	Atlanta, GA 30308	·	Snellville, GA 30078	
Name and T	Director, Secretary & Treasurer	Name and Title:	President & Treasurer	
Address	Rosalyn Thomason PhD	Address:	David Wittman PhD	
	4250 Stone Mountain Hwy	•	11585 Jones Bridge Rd	4-20-4-
	Lilburn, GA 30047		Alpharetta, GA 30004	
Name and T	itle: Secreatry & Treasurer:	Name and Title:	Director:	
Address	Anah Sterling-Jackson	Address:	Gerald Brown MSW	
-	3539 Apalachee Parkway		3111 Mahan Dr	
	Taltahassee, FL 32311		Tallahassee, FL 32308	

Name and Title: Name: Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 **RTICLE VII INCORPORATOR** The same and address of the incorporator is: Name: Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 **RTICLE VIII INCORPORATOR** Tallahassee, FL 32311 **RTICLE VIII EFFECTIVE DATE: Ellective date: If other than the date of filing: 12 // 1/ 20/ 5 (OPTIONAL) (If un effective date is issted, the date must be specifie and cannot be more than five business days prior or 90 business days after the filing.) Netts: If the date inserted in this block does not meet the applicable stetutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **Raving been named as registered agent to accept nervice of process for the above stated corporation at the place decignated in this certificate, I am familiar public and accept the appearance as registered agent and agree to act in this capacity Date Taulamit this document and affirm that the piece stated herein are true. I am aware that any faits information submitted in a document to the Department of Starf cuestions stated had become are true. I am aware that any faits information submitted in a document to the Department of Starf cuestions as stated being are true. I am aware that any faits information submitted in a document to the Department of Starf cuestions as stated herein are true. I am aware that any faits information submitted in a document to the Department of Starf cuestions as the block stated herein are true. I am aware that any faits information submitted in a document to the Department of Starf cuestions as stated being are true. I am aware that any faits information submitt	3.		Dr	H15000295936 3
Name and Title: Address Address: Address: Address: Address: Address: Anah Sterling-Jackson Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLEVI INCORPORATOR The name and address of the Isomponeous is: Name: Anah Sterling-Jackson Address: Address: Address: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Allahassee, FL 32311 ARTICLEVII INCORPORATOR The name and address of the Isomponeous is: Name: Anah Sterling-Jackson Address: Address: Address: Allahassee, FL 32311 ARTICLEVII INCORPORATOR Tallahassee, FL 32311 ARTICLEVII Incorporator is: Coptional ARTICLEVII Incorporator is: ARTICLEVII In	Name and Ittle:			
Address: Address: ARTICLE VI REGISTERED AGENT The name and Plorida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VII INCORPORATOR The name and address of the locorporator is: Name: Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VIII EFFECTIVE DATE: Ellocitive date, if other than the date of filing: 12 11 2015 (OPTIONAL) (If an effective date is tisted, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept netwice of process for the above stated corporation at the place designated in this certificate, I am families with and accept the aggentation of Regulators as registered agent and agree to act in this capacity Inquired Signature of Regulators are true, I am aware that any false information submitted in a document to the Department of State Constitutes suited herein are true, I am aware that any false information submitted in a document to the Department of State Constitutes with degree felowy as provided for in £817.155, F.S. 12/11/2015	Address		Address:	
Address: Address: ARTICLE VI REGISTERED AGENT The name and Plorida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VII INCORPORATOR The name and address of the locorporator is: Name: Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VIII EFFECTIVE DATE: Ellocitive date, if other than the date of filing: 12 11 2015 (OPTIONAL) (If an effective date is tisted, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept netwice of process for the above stated corporation at the place designated in this certificate, I am families with and accept the aggentation of Regulators as registered agent and agree to act in this capacity Inquired Signature of Regulators are true, I am aware that any false information submitted in a document to the Department of State Constitutes suited herein are true, I am aware that any false information submitted in a document to the Department of State Constitutes with degree felowy as provided for in £817.155, F.S. 12/11/2015				A. C.
Address: Address: ARTICLE VI REGISTERED AGENT The name and Plorida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VII INCORPORATOR The name and address of the locorporator is: Name: Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VIII EFFECTIVE DATE: Ellocitive date, if other than the date of filing: 12 11 2015 (OPTIONAL) (If an effective date is tisted, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept netwice of process for the above stated corporation at the place designated in this certificate, I am families with and accept the aggentation of Regulators as registered agent and agree to act in this capacity Inquired Signature of Regulators are true, I am aware that any false information submitted in a document to the Department of State Constitutes suited herein are true, I am aware that any false information submitted in a document to the Department of State Constitutes with degree felowy as provided for in £817.155, F.S. 12/11/2015				
ARTICLE VI REGISTERED AGENT The name and Borda street saldress (P.O. Box NOT acceptable) of the registered agent is: Name: Anah Sterling-Jackson 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VII INCORPORATOR Amah Sterling-Jackson Address: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Tallahassee, FL 32311 ARTICLE VIII EPFECTIVE DATE: Ellective date in the trans the date of fining: 12 11 20 5 (OPTIONAL) (If an effective date is theted, the date must be specific and cannot be more than five business days prior or 90 business days after the filling.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept nervice of process for the above stated corporation at the place designated in this certificate. I am familiar right and accept the appointment as registered agent and agree to act in this capacity Tequired Signature of Registered Agent I submit this document and affirm that the faces stated herein are true. I am aware that any false information submitted in a document to the Department of State Constitutes gith had despect folony as provided for in x817.155, F.S. 12/11/2015	Name and Title:_		Name and Title:	
ARTICLE VI REGISTERED AGENT The name and Borda street saldress (P.O. Box NOT acceptable) of the registered agent is: Name: Anah Sterling-Jackson 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VII INCORPORATOR Amah Sterling-Jackson Address: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Tallahassee, FL 32311 ARTICLE VIII EPFECTIVE DATE: Ellective date in the trans the date of fining: 12 11 20 5 (OPTIONAL) (If an effective date is theted, the date must be specific and cannot be more than five business days prior or 90 business days after the filling.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept nervice of process for the above stated corporation at the place designated in this certificate. I am familiar right and accept the appointment as registered agent and agree to act in this capacity Tequired Signature of Registered Agent I submit this document and affirm that the faces stated herein are true. I am aware that any false information submitted in a document to the Department of State Constitutes gith had despect folony as provided for in x817.155, F.S. 12/11/2015	Address		Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Anah Sterling-Jackson 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VII INCORPORATOR The annu address of the incorporator is: Name: Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 12 / 1 / 20 / 5 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agens to accept nervice of process for the above stated corporation at the place designated in this cartificate. I om familiar right and accept the appointment as registered agent and agree to act in this capacity 12/11/2015 Equired Signature of Regulared Agent Date I submit this document and affirm that this facts stated herein are true. I am aware that any false information submitted in a document to the Department of State Constitutes githled despect folory as provided for in x817.155, F.S.				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Anah Sterling-Jackson 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VII INCORPORATOR The same and address of the faceoporator is: Name: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Tallahassee, FL 32311 ARTICLE VII EFFECTIVE DATE: (OPTIONAL) (If an effective date, if other than the date of filing: 12 / 1) / 20 / 5 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept the appointment as registered agent and agree to act in this capacity Icquired Signature of Registered Agent Leving Signature of State Constitutes githing degree felony as provided for in a 817.155, F.S. 12/11/2015				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Anah Sterling-Jackson 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VII INCORPORATOR The same and address of the faceoporator is: Name: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Tallahassee, FL 32311 ARTICLE VII EFFECTIVE DATE: (OPTIONAL) (If an effective date, if other than the date of filing: 12 / 1) / 20 / 5 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept the appointment as registered agent and agree to act in this capacity Icquired Signature of Registered Agent Leving Signature of State Constitutes githing degree felony as provided for in a 817.155, F.S. 12/11/2015				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Anah Sterling-Jackson 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VII INCORPORATOR The same and address of the faceoporator is: Name: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Anah Sterling-Jackson Address: Tallahassee, FL 32311 ARTICLE VII EFFECTIVE DATE: (OPTIONAL) (If an effective date, if other than the date of filing: 12 / 1) / 20 / 5 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept the appointment as registered agent and agree to act in this capacity Icquired Signature of Registered Agent Leving Signature of State Constitutes githing degree felony as provided for in a 817.155, F.S. 12/11/2015	ARTICIPVI	PRISTEREN ACENT		
Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VII INCORPORATOR The same and address of the incorporator is: Name: Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VIII EFFECTIVE DATE: Billective date, if other than the date of filing: 12 / 11 / 20 / 5 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Nets: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept nervice of process for the above stated corporation at the place designated in this certificate. I am familier with and accept the appointment as registered agent and agree to act in this capacity 12/11/2015 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 githled degree felony as provided for in £817.155, F.S. 12/11/2015			table) of the registered agent is:	
Tallahassee, FL 32311 ARTICLE VII INCORPORATOR The same and address of the locorporator is: Name: Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 12 / 11 / 20 / 5 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept netwice of process for the above stated corporation at the place designated in this certificate, I am familiar pails and accept the appointment as registered agent and agree to act in this capacity Toquired Signature of Regulared Agent 12/11/2015 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 gishird degree follows as provided for in a 817.155, F.S.	Name:	Anah Sterling-Jackson		
The same and address of the incorporator is: Name: Anah Sterling-Jackson Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VIII EFFECTIVE DATE: Elifective date, if other than the date of filing: 2 / 11 / 2015 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept netrice 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 12/11/2015 Isolated Signature of Regulacred Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information tubmitted in a document to the Department of State Constitutes githing degree felony as provided for in x.817.155, F.S.	Address:	3539 Apalachee Parkway		
Name: Anah Sterling-Jackson Address: Address: Allahassee, FL 32311 ARTICLE VIII EFFECTIVE DATE: Elliptive date, if other than the date of filing: 12 / 1 / 20 / 5 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept nervice 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 Lequired Signature of Regulatored Agent 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 of third despect follows a provided for in a 817.155, F.S. 12/11/2015		Tallahassee, FL 32311		
Name: Anah Sterling-Jackson Address: Address: Allahassee, FL 32311 ARTICLE VIII EFFECTIVE DATE: Elliptive date, if other than the date of filing: 12 / 1 / 20 / 5 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept nervice 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 Lequired Signature of Regulatored Agent 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 of third despect follows a provided for in a 817.155, F.S. 12/11/2015				
Name: Anah Sterling-Jackson 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 2 / 1 / 20 / 5 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept netrice of process for the above stated corporation at the place designated in this certificate, I am familiar path and accept the appointment as registered agent and agree to act in this capacity 12/11/2015				
Address: 3539 Apalachee Parkway Tallahassee, FL 32311 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 12 / 1 / 20 / 5 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept netrice 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 12/11/2015 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 at high degree felony as provided for in s.817.155, F.S.		- · · · · · · · · · · · · · · · · · · ·		
Tallahassee, FL 32311 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 12 / 1 / 2015 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept netrice 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 12/11/2015 Icquired Signature of Registered Agent 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 of the degree felony as provided for in s. 817.155, F.S. 12/11/2015				
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept nervice 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 [12/11/2015] [Industrial Constitutes of Regulared Agent 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 of the degree felony as provided for in x817.155, F.S.	Address:			
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept netwice 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 12/11/2015 Isolanti 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 of their despectations as provided for in s.817.155, F.S.		rananassee, FL 32311	The state of the s	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept nervice 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 12/11/2015 Date	ARTICLE VIII	EFFECTIVE DATE:	/2015 (OPTIONAL)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept nervice 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 12/11/2015 Date	(III SE SHECEAS OF	ate is listed, the date must be specific and	I cannot be more than five business da	ys prior or 90 business days
Having been named as registered agent to accept nervice 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 12/11/2015 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 while despect follows as provided for in \$817.155, F.S.	Note: If the date	inserted in this black does not meet the our	thiophia statutory filma manuinements thin	e data will not be listed as the
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 of high degree felony as provided for in \$817.155, F.S. 12/11/2015	document's effect	ive date on the Department of State's recor	ds.	y date will flot be listed ha die
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 of high degree felony as provided for in \$817.155, F.S. 12/11/2015	Waring have now	and an accidenced no see to account the second	·	
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 of third degree sciency as provided for in 2.817.155, F.S. 12/11/2015	certificate, I am fo	unifier with and accept the appointment as	y process for the above stated corporate registered agent and agree to act in this	on at the place designated in this capacity
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 outlied despectfollows as provided for in \$817.155, F.S. 12/11/2015	/ Mr	HX losted)		12/11/2015
to the Department of State constitutes githird despectfolony as provided for in \$817.155, F.S. 12/11/2015		Required Signature of Regulered	Agent	Date
12/11/2015	I submit this docu	ment and affirm that this facts stated herei	n are true. I am aware that any false info	ornation submitted in a document
	to the Department	of State Constitutes outlind degree felony a		
() vesignien diffusirate by mentionation (1946)	_(WW	My Maly My		
		verimien affinitus of jucinib	Ufnior	T Miss