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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR - 7 AM 7:34

APPROVED
AND
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11/17

COVER LETTER

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

SUBJECT: World Community Alliance, Inc.

(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: Richard Judah BenAvram

Name (Printed or typed)

677 SW Millard Drive

Address

Port St. Lucie, Florida, 34953

City, State & Zip

772-359-7700

Daytime Telephone number

WorldCommunityAlliance@gmail.com

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: World Community Alliance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
677 SW Millard Drive

Mailing address, if different is:

Port St. Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to bring together compassionate and fair-minded people in order to improve the lives and conditions of all human beings on the Earth as well as protect and preserve the biosphere for all the plants and animals with whom we share this planet.

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

will serve as Executive Director for a term of 3-years after which the membership will vote for the position

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Judah BenAvram, Executive Director Name and Title: _____

Address: 677 SW Millard Drive Address: _____
Port St Lucie, Florida 34953

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Richard Judah BenAvram

Address: 677 SW Millard Drive

Port ST Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rivhard Judah BenAvram

Address: 677 SW Millard Drive

Port St Lucie, FL 34953

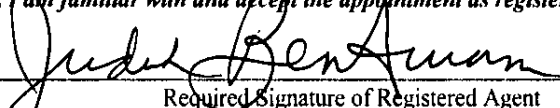
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 1, 2016 (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.)

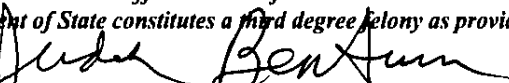
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept 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

3-3-2016
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.



3-3-2016