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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL 15 PM 2:42

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AND  
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**COVER LETTER**

RECEIVED  
DEPARTMENT OF STATE  
09 JUL 10 PM 2:59

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** PROVERBIO OUTREACH

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

ROLANDO COLLAZO

Name of Person

PROVERBIO OUTREACH

Firm/Company

380 S STATE RD 434 STE 1004-302

Address

ALTAMONTE SPRING, FL 32714

City/State and Zip Code

ambit.usa@gmail.com

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

For further information concerning this matter, please call:

ROLANDO COLLAZO

Name of Person

at ( 407 )

883-2691

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2009

ROLANDO COLLAZO  
380 S STATE RD, 434 STE 1004-302  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: INCORPORATION TO PROVERBIO OUTREACH  
Ref. Number: W09000029849

We have received your document for INCORPORATION TO PROVERBIO OUTREACH and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 609A00021995

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. PROVERBIO OUTREACH Incorporated  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words of abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. WASHINGTON 3. 27-6089189  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/17/2009 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 3600 MCNIEL RD, APOPKA, FLORIDA 32703  
(Principal office address)  
380 S STATE RD 434 SUITE 1004-302 ALTAMONTE SPRING, FLORIDA 32714  
(Current mailing address)
8. HELP POEPL E IN NEED AND CHILDRENS  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: ROLANDO COLLAZO

Office Address: 380 S State Rd 434 Ste. 1004-302

Altamonte Spring, Florida 32714  
(City) (Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

APPROVED  
AND  
FILED  
09 JUL 15 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

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12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Chairman: Rolando Collazo

Address: 380 S State Rd 434, Suite 1004-302 Altamonte Spring FL 32714

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

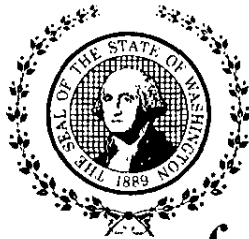
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rolando Collazo  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### **CERTIFICATE OF EXISTENCE/AUTHORIZATION OF PROVERBIO OUTREACH**

**I FURTHER CERTIFY** that the records on file in this office show that the above named Corporation Sole was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 6/17/2009.

**I FURTHER CERTIFY** that as of the date of this certificate, PROVERBIO OUTREACH remains active and has complied with the filing requirements of this office.

Date: July 6, 2009

UBI: 602-931-876

09 JUL 15 PM 2:42  
AND  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State