Falocooa68

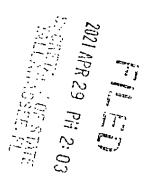
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		;		





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cò.	VER LETTER
;	
TO: Registration Section Division of Corporations	. 4
SUBJECT: Awaken The Vision Corp	
SUBJECT	rporation – must include suffix
Dear Sir or Madam:	
	or Profit Corporation for Authorization to Conduct its ", or "Certificate of Status" and check are submitted to orporation to conduct its affairs in Florida.
Please return all correspondence concerning	this matter to the following:
Frederick Williams	
	Name of Person
	021
	Firm/Company
	29
2050 Oleander Blvd., #11-104	2: 03
	Address
Fort Pierce FL 34950	
City/	State and Zip Code
fwilliams@fundstofu	inction com
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter	er, please call:
Frederick Williams	561 4618391
Name of Person	at () Area Code Daytime Telephone Number
Name of Person	Area Code Daytine Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
(analiassee, 1 <u>L</u> 3 <u>L</u> 31)	Tallahassee, FL 32303
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEPA \$70.00 Filing Fee \$78.75 Filing Fee Certificate of St	RTMENT OF STATE c & \$\sum \\$78.75 \text{ Filing Fee & } \sum \\$87.50 \text{ Filing Fee,}

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:

(II manife unav	ailable in Florida, enter alternate corporate na	me adopted for the purpose of transact	ing business in Florida)
DE		it is incorporated) (FEI number, if applicable)	
(State or cou	intry under the law of which it is incorporated) (FEI number, if app	licable)
2/8/2021	Date of Incorporation)	5	
	Date of Incorporation)	(Date of duration, if other	er than perpetual)
n/a			
(Date first cond	lucted affairs in Florida if prior to registration. S	ee sections 617.1501 & 617.1502, F.S. (to determine penalty liability.
221 N BROAL	D ST, SUITE 3A MIDDLETOWN, DE 19709	•	
	(Principal o	ffice street address)	21121 / PR 29
		,	
2050 Oleander	Blvd., #11-104 Fort Pierce FL 34950	ng address, if different)	25 8 T
	(Current mailir	ig address, if different)	50
Non-profit S	See attachment		
(Purpose(s) of	See attachment corporation authorized in home state or count	ry to be carried out in the state of Flor	ida)
			3 O3
Name and str	<u>eet address</u> of Florida registered agent: (P	'.O. Box <u>NOT</u> acceptable)	
	llsa Moore		
ffice Address:	6200 SW 6th St.		
		, Florida 33317 (Zip Code)	.
	**	, Florida	
	(City)	(Zin Code)	

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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTO			
□Chairman	Name: Frederick Williams	□ Chairman	Name:
□Vice Chairman	Address: 2050 Oleander Blvd., #11-104	□Vice Chairman	Address: 2050 Oleander Blvd., #11-104
Director	Fort Pierce FL 34950	Director	Fort Pierce FL 34950
■ President		□President	
□Vice President		☐ Vice President	
☐ Secretary	Treasurer	☐ Secretary	■ Treasurer
Other:	☐ Other:	□Other:	Other:
□Сһаіпвап	Name:	□Chairman	Name: Sandy Mack
□Vice Chairman	2050 Oleander Blud #11 104	□Vice Chairman	2050 Oleander Blvd., #11-104
□ Director	Fort Pierce FL 34950	■Director	Fort Pierce FL 34950
□President		□President	20
□Vice President		□Vice President	
■ Secretary	☐ Treasurer	□Secretary	□Treasurer.⊙
□Other:	Other:	□Other:	A market a
			2:03 T/4
□Chairman	Name:	☐ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□ Vice President	
☐Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	☐ Other:	□Other:	Other:
Non-indexed indi	nt Notice: Use an attachment to report more than viduals may be added to the index when filing you (Signature of Chairman, Vice Chairman, or any illiams, President (Typed or printed name and capacity of	our Florida Department o	of State Annual Report form. 12 of the application)

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AWAKEN THE VISION CORP." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AWAKEN THE VISION CORP." WAS INCORPORATED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2021.



Authentication: 202942291

Date: 04-12-21

5035273 8300C SR# 20211254609