

OFFICE USE ONLY (Do not enter)

EXPRESS CORPORATE FILING SERVICE INC

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE:112

(Address)

CORAL GABLES, FLORIDA 33134

(City, State, Zip)

(305) 444-4994

(Phone#)

(305) 444-4977

(FAX#)

OFFICE USE ONLY

FILED
00 JUL 10 PM 2:23
RECEIVED
00 JUL 16 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Bonding Foundation CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐

Walk in

☒

Pick up time _____

☒

Certified Copy

☐

Mail out

☐

Will wait

☐

Photocopy

☐

Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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*****78.75 *****78.75

Examiner's Initials

BONDING FOUNDATION CORP.
1901 BRICKELL AVE. STE:1413
MIAMI, FL 33129

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FILED
00 JUL 10 PM 2:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ATTN: TERESA BROWN

THIS LETTER TO INFORM THE FL DEPARTMENT OF STATE THAT I
LILIANA H. ACERO AM INTENDING TO FILE A CORPORATION BY THE NAME
BONDING FOUNDATION CORP. AND I AM WARE THAT THERE IS A SIMILAR
NAMED COMPANY (THE BOND FOUNDATION) BUT I DO FEEL THAT THERE IS A
DIFFERENCE BETWEEN THEM. I ASK THE FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION TO PLEASE PROCEED WITH THE FILING OF THE
ARTICLE OF INCORPORATION AND IF YOU SHOULD HAVE ANY QUESTIONS
REGARDING THIS LETTER PLEASE DON'T HESITATE TO CONTACT ME AT THE
ADDRESS LISTED ABOVE.



CORDIALLY
LILIANA H. ACERO
INCORPORATOR

ARTICLES OF INCORPORATION

The undersigned incorporation, for the purpose of forming a corporation under the Florida
for Profit Corporation Act, hereby adopts the following Articles of Incorporation.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

BONDING FOUNDATION CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1901 Brickell Ave Suite 1413
Miami, Fl. 33129

ARTICLE III PURPOSE

The specific purpose(s) for which the corporation is organized shall be:

Personal, Interpersonal, Social, Body and Spiritual development and research.

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

MILLENNIA CONSULTING SERVICES, INC.
444 Brickell Ave Suite 750
Miami, Fl. 33131

ARTICLE V INCORPORATOR

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation are:

Liliana H. Acero
2445 Lake Pancoast Drive #6
Miami Beach, Florida 33140

ARTICLE VI MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

By minutes and by Laws.

Curtis
Signature of Incorporator

7/1/2000
Date

Signature if Incorporator

Date

Signature of Incorporator

Date

ARTICLE VII DIRECTOR(S)

Will be elected by the first annual meeting.

Having been named as registered and to accept service of process for the above started corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

07/03/00
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA