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| (Requestor's Name) | | | | | | | |
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| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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SECRETARY OF STATE
TALL ALLASSEE FI CORN.

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TRANSMITTAL LETTER

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

| JBJECT: | (PROPOSED CORPORA | TE NAME – <u>MUST INCLU</u> I | DE SUFFIX) | | |
|-------------------------|--|-------------------------------------|--|--|--|
| closed is an original a | nd one(1) copy of the arti | cles 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 REQUIRE | | | |

| FROM: | ROBERT N. PELIER Name (Printed or typed) | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|
| | 14명 PONCE DE LEON BLVD. | | | | | | | | |
| | Address | | | | | | | | |
| | Coral Gables, F1. 33134 | | | | | | | | |
| | City, State & Zip | | | | | | | | |
| | 305-529-9199 | | | | | | | | |
| | Daytime Telephone number | | | | | | | | |

NOTE: Please provide the original and one copy of the articles.

· ARTICLES OF INCORPORATION

- In Compliance with Chapter 617, F.S., (Not for Profit)
 - ARTICLE I NAME

The name of the corporation shall be:

LIFE FOR THE AMERICAS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1431 Ponce DE Leon Blvd. Coral Gables, F1. 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

charitable and educational purposes

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by Founder Robert N. Pelier and then subject to bylaws and defined responsibilities.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Robert N. Pelier, Executive Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Robert N. Pelier, Esq. 1431 POnce DE Leon Blvd. Coral Gables, F1 331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

| - | Robert | N. | Pelier, | 1431 | POnce | DE | Leon | Blvd, | Cora1 | Gables, | F1. | 33134 |
|----------|------------|--------|----------------|-----------|--------------|--------|-----------|-------------|-------------|--|-----------|-------|
| Having b | een named | as reg | gistered agent | to recept | service of p | proces | s for the | above state | ed corporat | ********* ion at the place act in this cap | e designa | |
| Signatu | re/Registe | red | ent Rob | N N | Peli | er | | | Date | 12/10/0 | 3 | _ |
| Signatu | re/Incom | 400 | Rober | t N. | Pelier | | ****** | | Date | 12/10 | /03 | |

O3 DEC 12 M D 5
SECRETARY OF STATE