

N12000011928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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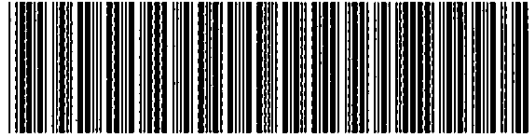
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **CIFE Corporation**

(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: **Greg Kleckner**
Name (Printed or typed)

200 S. Somerset Ct.
Address

Sanford, FL 32773
City, State & Zip

407 830-1200
Daytime Telephone number

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

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

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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: CIFE Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
801 International Parkway
5th Floor
Lake Mary, FL 32748

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Exclusively for education purposes solely within the exemptions provided by 26 U.S.C.A. Internal Revenue Code, Section 501(c)(3) and any amendments thereto and Florida Statutes, Chapter 617

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

As stated in the bylaws. Appointed once a year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sergio Tobon / Chair of the Board of Directors
Address: Calle 6a No 19-17 Urbanizacion
La Aldea Primera Etapa
La Ceja, Antioquia, Columbia

Name and Title: _____
Address: _____

Name and Title: Greg Kleckner / Secretary and Treasurer
Address: 200 S. Somerset Court
Sanford, FL 32773

Name and Title: _____
Address: _____

Name and Title: Lina Maria Tobon / Director
Address: 200 S. Somerset Court
Sanford, FL 32773

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Greg Kleckner
Address: 200 S. Somerset Court
Sanford, FL 32773

Effective Date: January 1, 2013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Greg Kleckner
Address: 200 S. Somerset Court
Sanford, FL 32773

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

05/26/2012

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.

Required Signature of Incorporator

05/26/2012

Date