<u>NIY00005060</u>

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu:	siness Entity Nar	me)		
(Do	cument Number)	<u> </u>		
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				
BS24/14				



05/06/14--01012--010 **87.50

14 MAY 27 PM 4:40

COVER LETTER

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

SUBJECT:

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

STO.00 Filing Fee

S78.75 Filing Fee & Certificate of Status □\$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Bandel Vame (Printed or typed

ictor

<u>State & Zip</u> \square

- <u>43</u> - <u>313</u> Daytime Telephone number

<u>Dastoc Williams & rock Church</u> ft myers. Com E-mail address: (to be used for future annual report notification)

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

	TICLES OF INCOR				
ARTICLE I NAME The name of the corporation shall be:	sition w	orldwide Trrc.			
ARTICLE II PRINCIPAL OFFICE					
Principal <u>street</u> address: 1927 Victoria	Ave	Mailing address, if different is: PO BOX 61424			
fort myers, F	133901	Fort myers, El 33906			
		urpose of the Corporation			
Shall be those	set forth	, namely: To establish			
missions era	melism	educational conters,			
maintain and	conduct	-health, and social			
Service suppo	<u> </u>	•			
	•				
ARTICLE IV MANNER OF ELECTION AS EStablishe	۱.	e directors are elected and appointed:			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS					
Name and Title: Randell (willi	RESTOR Name and Title	Totel Buxton -7 Officer			
Address 2346 Winkler	Address:	2049 Columbine Ct			
#m20le		Carson City, NV 89701			
Fort myers, FIZ	33901	Buchana (will a const TRUSTUB			
Name and Title: Ryon Wardu	XII Name and Title	Barbara Williams			
Address 13Col Eelinbur		2346 Winkler Ave			
Carmel, IN4		$\pm m20le$			
		Fort myurs, RI 3390			
Name and Title:	Name and Title				
	Address:				
	Aumess.				
	<u></u>	5			

Name and Title:	Name and Title:		
Address	-Address:		
_			
-			
Name and Title:_	Name and Title:		
Address _	Address:		
_		<u> </u>	
		11	DIVIO
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the registered agent is:	MAY	
The maine and Fi			
Name:	Barbara Williams 2		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Address:	2346 Winkler Aretm206 3		
	Fort Myers, Fl 33901	կ։ կՕ	
ARTICLE VII	INCORPORATOR		
The name and ad	idress of the Incorporator is:		
Name:	Randell Williams		

Address:

23410 Le	sincler	Dre #mzole
Fort my	Jens, Fl	33901

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

hant Required Signature of Registered Agent

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.

TISMS Required Signature of Incorporator