

N14000008250

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: josuecook27@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Child Vision Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

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14 SEP -5 PM 12:03

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FALL AID, 11000A

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/4

efax

(3/4) 09/05/2014 12:46:57 LPM -0400

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AND
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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

14 SEP -5 PM 12:03

ARTICLE I NAME

The name of the corporation shall be: Child Vision Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

12439 88th PL N
West Palm Beach FL
33412

Mailing address, if different is:

SECRETARY OF STATE
FALL AVENUE, SUITE 1000
TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide hope, purpose and
a brighter future to orphaned, Abused, and Abandoned
children in Mexico. Building Homes where they will
have an opportunity to grow, live and be Happy.
Not to mention the attention, care and more than
all, the Love they need to become great members
of society that are an inspiration to others.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Voting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Josue Cook-Garcia Name and Title: Maria Alexandra

Address: President Address: Rodriguez Pineda Secretary
12439 88th PL N 9849 Lago Dr. Boynton
West Palm Beach FL, 33412 Beach FL, 33472

Name and Title: Karla Maria Gaytan Name and Title: _____

Address: Buiz Treasurer Address: _____
4160 Bearlakes Ct Apt 203
West Palm Beach FL, 33409

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(4/4) 09/05/2014 12:48:13 PM -0400

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FILED

Name and Title: _____ Name and Title: _____ 14 SEP -5 PM 12:03

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Incorporating Services, Ltd.

Address: 1540 Glenway Drive
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Josue Cook-Garcia

Address: 12439 88th PL N
West Palm Beach FL 33412

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.

[Signature] Assistant Secretary
Required Signature of Registered Agent

9-5-14
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 §817.155, F.S.

[Signature]
Required Signature of Incorporator

09/05/2014
Date