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To:

Division of Corporations

Fax Number : (850)617-6381

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Account Number : FCA000000023 Phone : (850)222-1092

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FLORIDA PROFIT/NON PROFIT CORPORATION SOARESFOUNDATION.ORG CORP.

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1/16/2015

COVER LETTER

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

SUBJECT: SOARESFOUNDATION.ORG CORP.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUPFIX)

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 **多\$87.50**

Piling Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

1001 BRICKELL BAY DRIVE SUITE 2408

Address

MIAMI, FL 33131

(305)456-3752

Daytime Telephone number

PAULO.MIRANDA@PSMCORPORATE.COM

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

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: SOARESFOUNDATION.ORG CORP.			PW PW	
ARTICLE II PRINCIPAL OFFICE			100 co.	
100	Principal <u>street</u> address: 1BRICKELL BAY DRIVE	Mailing address, if different is: 1001 BRICKELL BAY DRIVE	AHII: S	1
SU	NTE 2406	SUITE 2406	ភ្ជាក <u></u>	
MI.	AMI, FL 33131	MIAMI, FL 33131		_
ARTICLE		help with the Roger Federer For		
ARTICLE	V INITIAL OFFICERS AND/OR DD	RECTORS		
Name and Tit		Name and Title:	_	
Address	P.O. Box 985	Address:		
	Road Town, Tortola, B.V.I	·	-	
Name and Tit Address		Name and Title:	_ _ _ _	
Name and Titi	le:	Name and Title:		

Name and Title:_	N	ame and Title:	<u> </u>	_	
Address ·	^	ddress:		_	
-				- -	
Name and Title:_	N	ame and Title:		_	
Address		ddress:			<u>-</u>
-					7 52 7
ARTICIE VI	REGISTERED AGENT Rich street address (P.O. Box NOT scoepts	bio) of the registered agent is:			
Name:	NRAI Services, Inc.			STATE LORIDA	
Address:	1200 S. Pine Island Road			A	
	Plantation, PL 33324				
ARTICLE VII	INCORPORATOR Idense of the Incorporator is:				
Name:	Valeria Espinoza				
Address:	1001 Brickell Bay Drive Sulte	2406			
	Miami, FL 33131				
Having been am cartificate, I am f	med as registered agent to accept service of familiar with and accept the appointment as to Asst. Required Signature of Registered A	rgistered agent and agree to Secretary	corporation at the place ect in this capacity 01/15/201 Date	5	i in this
I submit this docs to the Departmen	sment and affirm that the facts stated herein it of State constitutes a third degree felour as	are true. I am aware that an provided for in 2817.155. F.	S.	nitted in a do	cument
	Required Signature of Incorpo		1/15/15		
	Lyadahed Signature of Incorbo	I DI	Dat	Æ	