11/50003/85

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
<u></u>	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



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03/25/15--01011--006 **78.75

FILING CANCELLED RETURNED CHECK

15 MAR 25 PH 12: 42

MAR 3 0 2015 S. GILBERT

COVER LETTER

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

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

519 Caer ST.

407-616-8643 Daytime Telephone number

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

AttAchment (A)

Apticle(II) continued: using only organic fertilizer for crops without any chemicals, (4) promiding fundraising assistance in the area of educational assistance, through the volunteer efforts of university preferrors or students who wish to assist disadvantaged students.

FILING CANCELLED RETURNED CHECK

ARTICLES OF INCORPORATION FILING CANCELLED RETURNED CHECK

The name of the corporation shall be:	OF fating foundations, toxic.
ARTICLE II PRINCIPAL OFFICE	
Principal street address:	Mailing address, if different is
519 CORR ST.	To R. D.
ORlando, Florida	
32807	
ARTICLE III PURPOSE	0 8 -t · 1
The purpose for which the corporation is organized is:	e purpose of this foundation will be to
	h one also invoked in the same areas
	. We will assist other non-profits involved
	Ith maintenance, (2) providing
	on-profits that deal mith some sort of houser
	families primarily in Colonia, Africa
, , ,	nner in which the directors are elected and appointed: The director
	The foundar for its intinditant-up,
10	
ARTICLE V INITIAL OFFICERS AND/OR DIR	RECTORS
Name and Title: Homero Ureste	Name and Title:
Address Executive Director	Address:
519 Can st.	
Orlando, Florida 38	807
Name and Title: Fabrola M. Do Chasta	Name and Title:
Address Spareton	Address:
519 Can ST.	
Oplando, Florida 3280	
Name and Title: Homero UReste	
Address (Masuress	
519 Care ST. Orlando, FL 32807	
1711/ando, 1 L 3/80/	

FILING CANCELLED RETURNED CHECK

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	
		
ARTICLE VI REGISTERED AGENT	NOT ALL YOUR AND A SHORT AND A	
The name and Florida street address (P.O. Box Name: Homero UR	NOT acceptable) of the registered agent is:	
Address: 59 Caer S	- · · ·	
Chando, M	32807	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: Homero UR	este	
Address: 519 Caer S	<u>5T</u>	
Oxlando, FL	32807	
certifica je , I am familiar with and accept the app	pt service of process for the above stated corporation at the place designated in to continent as registered agent and agree to act in this capacity	this
Harriso Pheta	May 11th, 2015	
Required Signature of	Registered Agent Date	
I submit this document and affirm that the facts : to the Department of State constitutes a third deg	stated herein are true. I am aware that any false information submitted in a docum ree felony as provided for in s.817.155. F.S.	ent
Homero Chaste		
	re of Incorporator Date	