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(Re	questor's Name)		
(Address)			
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(De	ocument Number)		
(UC	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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> 2015 AUG 25 AM 11: 31 SECRETARY OF STATE TALLAHASSEE, FI OBIOA

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COVER LETTER

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

Don Jorge International Foundation Inc.

5668 E 61st St

Commerce CA 90040

800-462-5487 x 134

ychong@attorneyscorpservice.com

SOBOLOT.	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed is an original an	d one (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM: _	Yoochul Chong	me (Printed or typed)	-

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

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

Address

City, State & Zip

Daytime Telephone number

ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61ST STREET COMMERCE, CA 90040

TEL: (800) 462-5487 x134 FAX: (800) 388-0330 EMAIL: ychong@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE:

8/18/15

Client Matter:

FROM:

Yoochul Chong

TO:

SECRETARY OF STATE OF FLORIDA

Registration Section
Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ATTN:

DOCUMENT FILING DIVISION

RE:

Don Jorge International Foundation Inc.

Enclosed is one of the following:

(X) Articles of Incorporation

Return request with filing:

(1) Filing Receipt/Letter

Return request via following:

(X) REGULAR MAIL/FAX/EMAIL

Total Page(s) attached including transmittal page: ()

Fax/Email a copy of the filed documents upon acceptance of filing

PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO: ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61ST STREET, COMMERCE, CA 90040

PLEASE CONFIRM UPON RECEIVED DOCUMENTS

NOTE(S):

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

ARTICLE I The name of the	NAME Don Jorge Internation shall be:	ational Foundation Inc.	201541
	PRINCIPAL OFFICE	,	Alleger 25 1
7780 4	Principal <u>street</u> address: 9th St N Suite 105	Mailing address,	if different is an inches
Pinella	s Park FL 33781		10 k/0 k
	which the corporation is organized is:	elp those who are less fortunate around	
	d, goods and shelter by fund raising	· · · · · · · · · · · · · · · · · · ·	3
	· · · · · · · · · · · · · · · · · · ·		
ARTICLE IV	MANNER OF ELECTION The ma	anner in which the directors are elected and app	ointed: As per the bylaws
ARTICLE V	INITIAL OFFICERS AND/OR DIRI	<u>ECTORS</u>	
Name and Title:	Karol Pena, Director	Name and Title:	
	7780 49th St N Suite 105	Address:	
	Pinellas Park FL 33781		
Name and Title	Heidi Navarro, Director	Name and Title:	
Address	7780 49th St N Suite 105	Address:	
	Pinellas Park FL 33781		
Name and Title	Andrew Pena, Director	Name and Title:	
Address	7780 49th St N Suite 105	Address:	
	Pinellas Park FL 33781	, , , , , , , , , , , , , , , , , , , ,	

Name and Title:		Name and Title:
Address _		
· -		
_		
Name and Title:		Name and Title:
Address _		Address:
_		
_		
	REGISTERED AGENT	and the Colon manifesture of a count for
	Iorida street address (P.O. Box NOT acception LEGALINC CORPORATE SERVICE	
Name:	5237 SUMMERLIN COMMONS, SUI	
Address:	FORT MYERS, FL 3390	
	1011111110,1113370	,
	INCORPORATOR	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Yoochul Chong	
Address:	5668 E 61st St	
	Commerce CA 90040	
	EFFECTIVE DATE:	
	other than the date of filing:late is listed, the date must be specific and	(OPTIONAL) d cannot be more than five business days prior or 90 business days
after the filing.)		
	e inserted in this block does not meet the appetive date on the Department of State's reconstruction.	olicable statutory filing requirements, this date will not be listed as the drawn of the drawn o
		of process for the above stated corporation at the place designated in this registered agent and agree to act in this capacity
	MA	8/17/15
	Required Signature of Registered	Agent Date
	ument and affirm that the facts stated here nt of State constitutes Abird degree Jelony o	in are true. I am aware that any false information submitted in a document is provided for in \$ 817.155. E.S.
o me veparimer	in of some consuming program regree felony t	8/17/15
	Required Signature of Incorp	
	// required signify to a most,	