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04-18-16

## COVER LETTER

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

**SUBJECT:** FORJAR PAZ INTERNATIONAL INC.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

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**

**FROM:** KAREN SULLIVAN CORREA  
\_\_\_\_\_  
Name (Printed or typed)

10009 S. INDIAN RIVER DR.  
\_\_\_\_\_  
Address

FORT PIERCE, FLORIDA 34982  
\_\_\_\_\_  
City, State & Zip

9543173269  
\_\_\_\_\_  
Daytime Telephone number

KARENCORREA2014@GMAIL.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**

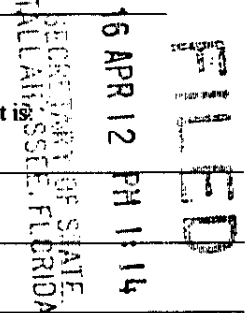
The name of the corporation shall be: FORJAR PAZ INTERNATIONAL INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
10009 S. INDIAN RIVER DR.

FORT PIERCE, FLORIDA 34982

Mailing address, if different is:



**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE OVERALL PURPOSE OF THIS NOT-FOR-PROFIT ORGANIZATION IS TO IMPROVE THE LIVES AND CONDITION OF THE PEOPLE OF COLOMBIA, SOUTH AMERICA. PROGRAMS INCLUDE

1. Scientific and academic research for education, training and publication on the theme "Mental Health Consequences of War and Exposure to Prolonged Conflict.
2. The facilitation of official EMDR Institute training and certification for mental health professionals.
3. Develop and implement culturally-relevant EMDR-centered interventions for the relief of trauma and PTSD.
4. Develop EMDR-centered programs and sign agreements and contracts with academic institutions, non-profit organizations and gov

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: APPOINTED

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: KAREN SULLIVAN -CORREA, CEO

Address: 10009 S. INDIAN RIVER DR.  
FORT PIERCE, FLORIDA 34982

Name and Title: MIGUEL VILLAFRADEZ, COO

Address: 10009 S. INDIAN RIVER DR.  
FORT PIERCE, FLORIDA 34982

Name and Title: ALEJANDRA ANZOLA, CFO

Address: 10009 S. INDIAN RIVER DR.  
FORT PIERCE, FLORIDA 34982

Name and Title: FERNANDO ROMERO, CMO

Address: 10009 S. INDIAN RIVER DR.  
FORT PIERCE, FLORIDA 34982

Name and Title: JUAN FELIPE ROLDÁN, CLO

Address: 10009 S. INDIAN RIVER DR. 34982  
FORT PIERCE, FLORIDA 34982

Name and Title: LUCIA FERNANDA ABRIL, CTO

Address: 10009 S. INDIAN RIVER DR.  
FORT PIERCE, FLORIDA 34982

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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: KAREN SULLIVAN-CORREA  
Address: 10009 S. INDIAN RIVER DR.  
FORT PIERCE, FLORIDA

16 APR 12 PM 1:14  
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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KAREN SULLIVAN-CORREA  
Address: 10009 S. INDIAN RIVER DR.  
FORT PIERCE, FLORIDA 34982

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: APRIL 15, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Karen S. Correa  
Required Signature of Registered Agent

APRIL 15, 2016

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.*

Karen S. Correa  
Required Signature of Incorporator

APRIL 15, 2016

Date