

N/6000009/39

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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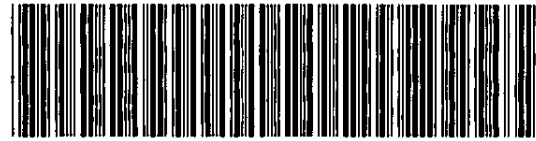
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: COLOMBIAN WILDLIFE CONSERVATION, 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: LUIS M. GARZON

Name (Printed or typed)

7212 CAPTIVA CIR

Address

NEW PORT RICHEY, FL. 34655

City, State & Zip

(727) 569-7603

Daytime Telephone number

LUISMGARZON@HOTMAIL.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: COLOMBIAN WILDLIFE CONSERVATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

7212 CAPTIVA CIR

NEW PORT RICHEY, FL. 34655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO COLLECT DONATIONS FROM INDIVIDUALS AND COMPANIES

IN FLORIDA AND AROUND THE UNITED STATES WITH THE SOLE PURPOSE OF FUNDING CONSERVATION

EFFORTS. THE MAIN PURPOSE OF THE FOUNDATION IS TO EDUCATE THE PUBLIC OF THE IMPORTANCE OF

CERTAIN SPECIES SUCH AS BATS, BEARS AND INSECTS FOR THE WELLBEING OF THE ECOSYSTEMS.

THERE ARE ALSO COSTS ASSOCIATED WITH THE IMPLEMENTATION OF PROGRAMS THAT BENEFIT DIRECTLY

THE WILDLIFE, SUCH AS HABITAT RECOVERY, DISEASE RESEARCH, AND CREATION OF GREEN PATHS

TO ALLOW THE MOBILIZATION OF SPECIES IN SEARCH OF FOOD AND SHELTER.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: MEETING & VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS M. GARZON

Name and Title: LIGIA M. AVILA

Address 7212 CAPTIVA CIR.

Address: 7703 MITCHELL RANCH BLVD.

NEW PORT RICHEY, FL. 34655

NEW PORT RICHEY, FL. 34655

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: LUIS M. GARZON
Address: 7212 CAPTIVA CIR
NEW PORT RICHEY, FL. 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS M. GARZON
Address: 7212 CAPTIVA CIR.
NEW PORT RICHEY, FL. 34655

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

LUIS GARZON [Signature] POA
Required Signature of Registered Agent

9-7-16
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.

LUIS GARZON [Signature] POA
Required Signature of Incorporator

Date