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FLORIDA PROFIT/NON PROFIT CORPORATION THE PRAXIS INSTITUTE FOUNDATION, INC.

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8/10/2017



August 14, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

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SUBJECT: THE PRAXIS INSTITUTE FOUNDATION, INC.

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P.O BOX 6327 - Tailahassee, Florida 32314

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

ARTICLE 1 The name of the	NAME corporation shall be: THE PRAXIS IN	ISTITUTE FOUNDAT	TON, INC.	
ARTICLE II	PRINCIPAL OFFICE			
	Principai street address:		Mailing address, if different is:	
· . !	1850 SW 8TH STREET			
· .	4 ^{1H} FLOOR			_
_	MIAMI, FL 33135			_
ARTICLE III	PURPOSE			
The purpose for	which the corporation is organized is: To	provide access to care	er education in employable fields to s	tudents and members
of their communi	ties who otherwise would not have the fir	nancial means to fulfill	their educational goals and to promot	e and provide financial
support for educe				
	will distribute its income for each tax year			
	ome imposed by section 4942 of the Inter-			
	not engage in any act of self-dealing as de			
	al tax laws. The corporation will not retain			
	r corresponding provisions of any later fo			
	o tex under section 4944 of the Internal R		•	
	not make any taxable expenditures as defi-	ned in section 4945(d)	of the Internal Revenue Code, or Con	responding provisions
of any later fodor	al tax laws.			
ARTICLE IV	MANNER OF ELECTION The mann	er in which the director	s are elected and appointed:	
Through the A	annual meeting of the Board.			
ARTICLE V I	NITIAL OFFICERS AND/OR DIREC	CTORS		
Name and Title:	Miguel Alfie, Director	Name and Title:	Flavio Alfie, Director	
Address:	1850 SW 8th St. 4th Floor	Address:	1850 SW 8th St., 4th Floor	
	Miami, FL 33135	_	Miami, FL 33135	
Nt 4 4 1 1	D. (115 p)			
Name and Title:	Dario Alfie, Director	Name and Title:		<u> </u>
Address:	1850 SW 8th St., 4th Floor	Address:		7 ⁴⁰ - 222
• •	Miami, FL 33135			
: <u>`</u>		_		
:				9: 16

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Name and T	itle:	Name and Title:	
Address:		Address:	
		<u> </u>	
		_	
Name and T	Tide:	Name and Title:	
Address:			
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Name and 7		<u> </u>	
Address :	· · · · · · · · · · · · · · · · · · ·		
1 2 W Y Y Y			
	VI REGISTERED AGENT and Florida Street address (P.O. Box NOT ac	napotabla) afthe ungineered	A a a a a a a a a a a a a a a a a a a a
Name:	Miguel Alfie	cochamic) of the testimeter	1 agcir is;
			
Address:	4445 Adams Ave	_	
•;	Miami Beach, FL 33140	_	
	VII INCORPORATOR		
The pame s	and address of the Incorporator is:		·
Name:	Miguel Alfie		
Address:	4445 Adams Ave.	_	
	Miami Beach, FL 33140		
ADMINE	WW. FEEDOWIG D. GE		
٠	VIII EFFECTIVE DATE:		
(If an effect	te, if other than the date of filing: tive date is listed, the date must be specific a	und cannot be more that	(OPTIONAL) in five days prior or 90 days after the filing.)
Note: If the	date inserted in this block does not meet the appeterive date on the Department of State's re	plicable statutory filing rec	•
ARTICLE .	<u>IX</u>	·	
In the event	of dissolution, the residual assets of the organiza	ation will be turned over t	to one or more organizations, which themselves are
			Revenue Code 1954 or corresponding sections of
-	future law or to the Federal, State or Local Gov	vernment for exclusive pul	blic purpose.
:: Having bee: certificate, 1	n named as registered agent to accept service of am familial with and accept the appointment	of process for the above s tas registered ovens and	stated corporation at the place designated in this
* f	1111/1		8-9-17
	Required Signature of Registered	Agent	Date
	'		

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I submit this document as	to offirm that the facts stated herein are true. I am aware that ar	ny false information submitted in a document to
the Bengetment of State	onstitutes a fished degree felony as provided for in \$.817.155, F.	Š
are Department of Galact		8/9/17
·	Required Signature of Incorporator	Date
	· t	

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