N17 000 010 207

Florida Department of St...
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000265394 3)))

H17000265394 3ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
WARRIORS OF LIGHT INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

RECEIVED
17 OCT -9 PM 3:07
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

D. O'KEEFE

OCT 10 2017

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit) H17000265394

ARTICLE I NAME

The name of the corporation shall be: Warriors of Light Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

800 Poolsview Drive # 526
Hallandale Beach
FL 33009

Mailing address, if different from:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our purpose is To create an Institute for research, Surgery and Hospitalization free of charge in order to Treat The incurable diseases until Today with The new Therapy and Technology of Stem Cells

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:

By the By - laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nayibe Noa - Presidente

Address:

Name and Title: Hugo Urdaneta
Vice - Presidente

Address:

Name and Title: Jonathan Galvis
Vice Presidente

Address:

Name and Title:

Address:

Name and Title:

Address:

H17000265394

H17000265394

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: Nayibe Noa

Address: 800 Parkview Drive #526
Hallandale Beach FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nayibe Noa

Address: 800 Parkview Drive #526
Hallandale Beach FL 33009

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.

Required Signature of Registered Agent — Date: 10-05-2017

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.

Required Signature of Incorporator — Date: 10-05-2017

H17000265394