

COVER LETTER

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

SUBJECT: Projeto CRescer 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: wania howard
Name (Printed or typed)

1007 cutoff branch
Address

Oviedo, FL, 32765
City, State & Zip

407 5572376
Daytime Telephone number

wania.howard@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: Projeto Crescer Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1007 cutoff branch, Oviedo, FL, 32765

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to support and raise funds for educational Programs to under served children in Brazil.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wania Howard, Pres

Address: 1007 cutoff branch ct,
Oviedo, FL 32765

Name and Title: Fabiola Hansen VP

Address: 1007 Cutoff Branch Ct O
Oviedo, FL 32765

Name and Title: Barbara Chandler, Sec

Address: 1007 Cutoff Branch Ct,
Oviedo, FL 32765

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

18 NOV -5 AM 8:57
DIVISION OF STATE
CORPORATION
TALLAHASSEE FLORIDA

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: Wania Howard
Address: 1007 Cutoff Branch Ct
Oviedo, FL 32765

SECRETARY OF STATE
DIVISION OF CORPORATION
18 NOV -5 AM 8:57
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wania Howard
Address: 1007 Cutoff Branch Ct
Oviedo, FL 32765

ARTICLE VIII EFFECTIVE DATE: 11-01-2018

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 days prior or 90 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

Wania Howard

Required Signature of Registered Agent

10/26/2018

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.

Wania Howard

Required Signature of Incorporator

10/26/2018

Date