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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

g.

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736

Fax Number : (305)646-1527

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

Enail	Address:				
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## FLORIDA PROFIT/NON PROFIT CORPORATION PRO DERECHOS HUMANOS, INC.

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 \$70.00

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## ARTICLES OF INCORPORATION

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

ARTICLE I	PRINCIPAL OFFICE			
209	Principal <u>street</u> address: 000 SHERIDAN ST	Mailing address, if different is:		
PE	MBROKE PINES, FL. 33332	РЕМВКО	OKE PINES, FL. 33332	
he purpose	II PURPOSE for which the corporation is organized is EALL BE COLLECTED BY CONTRIB		ING AND PROTECTION OF HUMAN RI	
RTICLE IV  RTICLE V  ame and Tit	INITIAL OFFICERS AND/OR DIR  10: 10: 20900 SHERIDIAN ST	HE HAYONITY	of denectors.	
RTICLE V	INITIAL OFFICERS AND/OR DIR  LOSE BELLORIN  20900 SHERIDIAN ST  PEMBOKE PINES, FL. 33332	ECTORS  Name and Title: DIRECTORS	OF BENECTONS.	

Name and Title:		Name and Title:		
Address	Ac			
Name and Title	: Na	ane and Title:		
Address		ldress:		
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)			
Name:	JESUS BELLORIN	e) of the registered agent is:		
Address:	20900 SHERIAN ST	<del></del>		
	PEMPROKE PINES, FL. 3333	2		
ARTICLE VII The name and a	INCORPORATOR  ddress of the Incorporator is:  JESUS BELLORIN			
Address:	20900 SHERIAN ST	<del></del>		
riduivas.	PEMPROKE PINES, FL.3333	2		
Effective date, if	EFFECTIVE DATE: Other than the date of filing: 02/15/201 Date is listed, the date must be specific and can	OPTIONAL) nuot be more than five days prior or 90 days after the filing.)		
Note: If the date document's effect	inserted in this block does not meet the applicative date on the Department of State's records.	ble statutory filing requirements, this date will not be listed as the		
flaving been na certificate, I am j	med as registered agent to accept service of profamiliar with and accept the appointment as regi	ocess for the above stated corporation at the place designated in this stered agent and agree to act in this capacity		
		02/15/2019		
F & 5	Required Signature of Registered Agen	Date		
submit this doci to the Departmen	ment and affirm that the facts stated herein are it of State constitutes a third degree felony as pro	etrue. I am aware that any false information submitted in a document wided for in x.817.155, F.S.		
		02/15/2019		
	Required Signature of Incorporate	Date		