## N19000002055

| (Re                     | equestor's Name)    |           |  |  |
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NON-VIOLENCE PEACE FOUNDATION, INC.

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## **COVER LETTER**

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

| NON-VIOLE SUBJECT:        | NCE PEACE FOUNDATION                         | N, INC                               |  |
|---------------------------|--|--------------------------------------|--|
| SUBJECT:                  | (PROPOSED CORP                               | ORATE NAME – <u>MUST IN</u>          | CLUDE SUFFIX)                                      |
| Enclosed is an original a | nd one (1) copy of the Art                   | ticles of Incorporation and          | a check for:                                       |
| S70.00 Filing Fee         | ■ \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy | □ \$87.50 Filing Fee, Certified Copy & Certificate |
|                           |  | ADDITIONAL CO                        | PY REQUIRED  |
| FROM:                     | CORIDALE JACKSON                             | ne (Printed or typed)                | _  |
|                           | 11250 OLD ST. AUGUSTIN                       | E RD. SUITE 15131                    | _  |
|                           | JACKSONVILLE, FL 32257                       |                                      |  |
| •                         |  | City, State & Zip                    | -  |

(562) 688-0508

INFO@CLJBIZ.COM

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

## ARTICLES OF INCORPORATION

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

| ARTICLE II   | PRINCIPAL OFFICE  |  |  |  |
|--|---|--|--|--|
| Principal <u>street</u> address: 6015 Chester Cir. |   | —  | Mailing address, if different is: 11250 Old St. Augustine Rd.  Suite 15131  Jacksonville, FL 32257 |  |
| Suite  | Suite 213  Jacksonville, FL 32217   |  |  |  |
| Jacks  |   |  |  |  |
| The purpose for                                    | PURPOSE or which the corporation is organized is: Iture Exchage and Partnerships. | To promote the Culture of Peace and Nor      | n-Violence through Action-Based  |  |
| ARTICLE IV   | MANNER OF ELECTION The ma   | nnner in which the directors are elected and | Majority Vote  |  |
| ARTICLE V  | INITIAL OFFICERS AND/OR DIRI  | <u>ECTORS</u>                                | 19 FI<br>SECNI<br>FALL A   |  |
| Name and Titl                                      | Sonja Sophie Loeffler, Director   | Name and Title:                              | 388 <b>2</b>   |  |
| Address  | 11250 Old St. Augustine Rd.   | Address:                                     |  |  |
|  | Suite 15131   |  |  |  |
|  | Jacksonville, FL 32257  |  |  |  |
| Name and Titl                                      | Birendra Kumar, Director  | Name and Title:                              |  |  |
| Address  | 11250 Old St. Augustine Rd.   | Address:                                     | <del></del>  |  |
| , 1011, 201  | Suite 15131   |  |  |  |
|  | Jacksonville, FL 32257  | <del></del>                                  |  |  |
| Name and Titl                                      | Coridale Jackson, Director  | Name and Title:                              |  |  |
| Address  | 11250 Old St. Augustine Rd.   | Address:                                     |  |  |
| Address  | Suite 15131   |  |  |  |
|  | Jacksonville, FL 32257  |  | <del></del>  |  |

| Name and Title:                         |   | Name and Title:   |                                     |
|---|---|---|-------------------------------------|
| Address                                 |   | Address:  |                                     |
| Address                                 |   | Address.  |                                     |
|   |   |   |                                     |
|   |   |   | <del></del>                         |
| Name and Title:                         |   | Name and Title:   |                                     |
|   |   |   |                                     |
| Address                                 |   | Address:  |                                     |
|   |   |   | <del></del>                         |
|   |   |   |                                     |
|   |   |   |                                     |
| ARTICLE VI I                            | REGISTERED AGENT  |   |                                     |
|   | orida street address (P.O. Box NOT acce   | ptable) of the registered agent is:   |                                     |
| Name:                                   | Coridale Jackson  | <u> </u>  | <b></b>                             |
| Address:                                | 6015 Chester Cir., Suite 213  | 3   | 19<br>AEC                           |
| Audress.                                | Jacksonville, FL 322  | <br>17  |                                     |
|   | <u>Juckboll Ville</u> , 1 2 322   |   | 22                                  |
| ARTICLE VII                             | INCORPORATOR  |   | 4                                   |
|   | dress of the Incorporator is:   |   |                                     |
| Name:                                   | Coridale Jackson  |   | 29                                  |
| Address:                                | 11250 Old St. Augustine Rd., Suite 15   | 5131  |                                     |
| Address.                                | Jacksonville, FL 322  | 57  |                                     |
| ARTICLE VIII                            | EFFECTIVE DATE:   |   |                                     |
| Effective date, if of                   | other than the date of filing:  | . (OPTIONAL)  | days after the filing )             |
| (II an effective da                     | ate is listed, the date must be specific at   | nd cannot be more than five days prior or 90 o  | rays after the filing.)             |
| Note: If the date                       | inserted in this block does not meet the a  | oplicable statutory filing requirements, this date  | will not be listed as the           |
| document's effect                       | ive date on the Department of State's reco  | ords.   |                                     |
|   |   |   |                                     |
| Having been nan certificate. I am fa    | ted as registered agent to accept service<br>amiliar with and accept the appointment t                  | of process for the above stated corporation at assertion at a segistered agent and agree to act in this capac | the place designated in this<br>ity |
|   | //  | 02/2  | 26/2019                             |
| Coudi                                   | Required Signature of Registered  | 1 Agent   | Date                                |
|   |   | ein are true. I am aware that any false informati   | ion submitted in a document         |
| i submit this docu<br>to the Department | iment and affirm that the facis stated her<br>t of State <sub>f</sub> constitutes a third degree felony | as provided for in s.817.155, F.S.  | THE CONTRACTOR OF MANAGEMENT        |
| A. in                                   |   | 02/2  | 26/2019                             |
| ( undi                                  | Required Signature of Inco  | rporator  | Date                                |