3/7/2019

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FLORIDA PROFIT/NON PROFIT CORPORATION WOHASU FOUNDATION, INC.

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ARTICLES OF INCORPORATION

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

	NAME WOHASU I	OUNDATION,	INC.			
ARTICLE II	PRINCIPAL OFFICE					
Principal <u>street</u> address: 2600 S DOUGLAS ROAD		Mailing address, if different is: 2600 S DOUGLAS ROAD				
מדנטפ	SUITE 800		SUITE 800			
COR	AL GABLES, FL 33134	co	RAL GABLES, FL 33134			
ORGANIZAT	r which the corporation is organized is:	YE PLATFORM	TO BRING AWARENESS ABOUT			
THE BENEFI	TS OF THE SCIENCE OF HAPPINESS A	NI) WELLBEIN	IG. WE STRIVE TO EDUCATE INDIVIDUALS,			
BUSINESSES	AND CIVIC LEADERS ABOUT THE IM	IPORTANCE OI	F LEARNING AND IMPLEMENTING			
DATA DRIV	EN TOOLS AND POLICIES THAT CAN	MAKE PEOF	LE, ORGANIZATIONS AND			
COMMUNITI	ES HAPPIER.					
	TED IN THE BYLAWS OF THE C INITIAL OFFICERS AND/OR DIRECTO KAREN GUGGENHEIM, PRESIDENT	ORPORATIO	MANUEL SCHRAPPA PIETRA VP			
Address	2616 GRANADA BLVD	_ Address:	2616 GRANADA BLVD			
	CORAL GABLES, FL 33134		CORAL GABLES, FL 33134			
Name and Title:		Name and Title				
Address		_ Address:				
Name and Title	c;	- Name and Title	:			
Address		_ Address:				
		_				

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Name and Title:		Name and Title:			
Address		Address: _			
_		-			
Name and Title		Name and Title:			
Address					
·		•			
_					
ARTICLE VI	REGISTERED AGENT				
The <u>name and Flo</u>	orida street address (P.O. Box NOT accep JARNETTE RODRIGUE		stered agent is:		
Name:	2600 S DOUGLAS RD,				
Address:	CORAL GABLES, FL 33				
	CORAL GABLES, I'L 3.				
ARTICLE VII	INCORPORATOR				
The name and ad	dress of the Incorporator is: MANUEL SCHIAPPA PII	₹TR A			
Name:	2616 GRANADA BLVI				
Address:	CORAL GABLES, FL 3				
	CORAL GABLES, LE 3	3137			
Effective date if	EFFECTIVE DATE: other than the date of filing:	· · · · · · · · · · · · · · · · · · ·	(OPTIONAL)		
(If an effective d	ate is listed, the date must be specific an	id cannot be mo	re than five days prid	or or 90 days after	(he filing.)
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Δ	Auckodus Required Stature of Registered			3/6/2	2019
				Date	
I submit this location to the Departmen	ument and affirm that the facts stated here it of State constitutes a third degree Jelony	ein are true. I am us provided for i	avore that any faise n s.817.155, F.S.	information submit	aeu m a aocument
	Inn			3/6	12019
	Required Signature of Incom	rporator		Date	,
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