Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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. **

Email	Address	<u>:</u>

FLORIDA PROFIT/NON PROFIT CORPORATION FUNDACION DE COLOMBIANIDAD INTERNACIONAL, INC.

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ARTICLES OF INCORPORATION

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

ARTICLET	I PRINCIPAL OFFICE				
210	Principal <u>street</u> address: 0 LAWN WAY	Mailing a 210 LAWN WAY	Mailing address, if different is: 210 LAWN WAY		
<u></u> Мі	AMI SPRINGS FL 33166	MIAMI SPRINGS	FL 33166		
The purpose	III PURPOSE For which the corporation is organized	THE PURPOSE FOR WHICH THE G	CORPORATION IS ORGANIZED		
BY DONAT		CONT CAMPAIGN AND FESTIVALS.	FUNDS SHALL BE COLLECTED		
					
		<u> </u>			
ARTICLE I	V MANNER OF ELECTION The	manner in which the directors are elected a	and appointed BY A DIRECT		
ARTICLE I MAYOR	V MANNER OF ELECTION THE	manner in which the directors are elected a	and appointed: BY A DIREC		
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	Address _		Address:				
	_						
	Name and Title:		Name and Title:				
	Address		Address:				
	_						
	The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acc	entable) of the registered a	orant is:			
QC	Name:	JORGE CARDENAS	=	5 -5.			
	Address:	210 LAWN WAY					
		MIAMISPRINGSP	<u> 1331</u> 66				
	ARTICLE VII INCORPORATOR The name and address of the Incorporator is:						
Je	Name:	JORGE CARDENAS	<u> </u>				
	Address:	YAW NWAY 015					
		MIAMISPRINGSF					
	Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific a	nd cannot be more than	PPTIONAL) five days prior or 90 days after t	he filing.)		
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	Having been nan certificate, I am fi	ned as registered agent to accept service amiliar with and accept the appointment	of process for the above as registered agent and ag	ree to act in this capacity			
		Required Signature of Registere	d Agent	<u>04/25/20</u> Date	<u> 19</u>		
	I submit this docu to the Department	iment and affirm that the facts stated her t of State constitutes a light fegree falons	ein are true. I am aware to as provided for in s.817.1	hat any false information submitte 55, F.S.	d in a document		
				04/25/120	o49		
		Required Signature of Inco	rporator	04/25/20 Date			