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PINISTER DE COMERCION DIVISION DE COMERCION DE COME

N. SAMS JBN 1-0-2019

COVER LETTER,

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

SUBJECT: Without Borders Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

S70.00 Filing Fee

S78.75
Filing Fee &
Certificate of
Status

□\$78.75

Filing Fee & Certified Copy **S87.50**

Filing Fee. Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Adriana P Backhaus

Name (Printed or typed)

6200 Metrowest Blvd Suite 201D

Address

Orlando, FL 32835

City, State & Zip

407-613-6274

Daytime Telephone number

dribackhaus@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)

	he corporation shall be: Without Borders In	
ARTICLE II	PRINCIPAL OFFICE	
6	Principal <u>street</u> address: 6200 Metrowest Blvd Suite 201D	Mailing address, if different is:
	Orlando, FL 32835	
meaning of	or which the corporation is organized is: This corporate the Internal Revenue Code Section 501(c)(3), nar	ion is organized exclusively for charitable purposes within the nely: to provide assistance to immigrants and their families
in South Flor	rida and elsewhere to help them become fully integrat	ed into their new environment. It will provide knowledge about
local and rec	gional resources along with assistance with educa	ation, legal matters, employment and any and all practical
concerns, inc	cluding, when necessary, the provision of cash grants	to avert crises. In the event of this corporation's dissolution all
remaining ass	sets will be distributed by the directors to other IRS 501	(c)(3) recognized charitable organizations with similar purposes.
ARTICLE IV	V INITIAL OFFICERS AND/OR DIRECTOR	anich the directors are elected and appointed: As in the by Laws 19 MA d Title:
Name and Title		d Title:
Address	5934 Appaloosa Way	
	Orlando, FL -32812	AN 200 200 200 200 200 200 200 200 200 20
Name and Title	Freitas da Silva, Valeska Dir _{Name an}	d Title:
Address	1465 Broken Oak Drive Address:	
	Winter Garden, FL 34787	
	Lima De Souza, Nilberto Dir Name an	d Title:
Name and Title		
Name and Title Address	7313 Gatehouse Cir unit 37 Address:	

Name and Title:		Name and Title:	_
Address _		Address:	_
_			
Name and Title:_		Name and Title:	_
Address		Address:	_
_			_
_			
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT accept	table) of the registered point is:) 19 H
Name:	Adriana P Backhaus	more, or the registered agent in,	HAY 2
Address:	6200 Metrowest Blvd Suite	201D	8 00 00 00 00 00 00 00 00 00 00 00 00 00
	Orlando, FL 32835		AMII: 3
ARTICLE VII	INCORPORATOR dress of the Incorporator is:		<u> </u>
Name:	Adriana P Backhaus		
Address:	6200 Metrowest Blvd Suite	201D	
Address.	Orlando, FL 32835		
Having been nan	ied as registered agent to acycpt service of	f process for the above stated corporation at the place	designated in this
certificate, I am fa	imiliar with and accept the appointment as	registered agent and agree to act in this capacity	.,
	Parking St. All SERVICES		<u> 19</u>
Landania dhia dana	Required Signature of Registered A		
i suomu inis aocu to the Department	ment and affirm that the facts plated herein of State constitutes a third defree felony as	t are true. I am aware that any false information submits provided for in s.817.155, F.S.	itted in a document
		O5/14/	.n.a
	Required Signifier of Incorpo	orator Date	× √(-

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