N90007151

(Requestor's Name)				
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				





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WM-52538



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2019

CRISTINA L. SCALZO 21331 MORNING MIST WAY LAND O LAKES, FL 34637

SUBJECT: CARITAS ABUNDANTIA MUNDI (CAM)

Ref. Number: W19000052538

We have received your document for CARITAS ABUNDANTIA MUNDI (CAM) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

19 JUN 17 PM 3: 0:

Letter Number: 419A00010942

COVER LETTER

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

SUBJECT: 108 CAM IX.

	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	nd one (1) copy of the Ar	ticles of Incorporation and	a check for:
☐ \$70.00 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:	Cristina a	L. Scalzo mc (Printed or typed)	-

(727) 277-3277

Daytime Telephone number

Santacrististudenta yahoo . Com

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

Z1331 Morning Mist Way

Lahd D' Lakes, FL 34637

City, State & Zip

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

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

ARTICLE 1 NAME The name of the corporation shall be: 08	CAMI	ac.
ARTICLE II PRINCIPAL OFFICE		
Principal street address: 21331 Morning Mi	ist Way	Mailing address, if different is:
21331 Morning Mi Land O'Lakes, FL	34637	
ARTICLE III PURPOSE The purpose for which the corporation is organized the World and the	is: Our n	nission is to enlighten eings the live on it, by ucation through ty and financial values to receive.
providing food, shelter	r and ed	ucation through
sharing our talen	fs, integri-	ty and financial value.
with those who a	re ready	to receive.
ARTICLE IV MANNER OF ELECTION The ARTICLE V INITIAL OFFICERS AND/OR DI	•	ectors are elected and appointed:
		Carlos Alberto Bosado Ber
Address 21331 Morning Mis-	+ Way Address:	7934 White Bluff Lane
land O lakes,	134637	Memphis, TN 38119
CEO, LMHC, LPC,		COO, PhD, MS, MSEM
Name and Title: Maricar Nichelle &	ami re Name and Title	COO, PhD, MS, MSEM Leilanis Loper Ramirez
Address 231 Calle Brisas de	el Mar _{Address:}	23 Calle Brisas del Man
Aguada, P.R. OC CFD, B.S.	0602	Aguada, P.R.: DO602. Administrative Assistant
•		
Name and Title:		19
Address	Address:	

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Name and Title:	Name and Title:
Address	Address:
	
Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box	c NOT acceptable) of the registered agent is:
Name: Cristina Loper	Scalzo
Address: 21331 Horning	Scalzo Mist Way akes, FL 34687
Land O'C	akes, KL 34687
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: <u>Cristina</u> L	· Scolzo
Address: 21331 Morni	ng Mist Way
land 0' La	Kes JEL 34637
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be	. (OPTIONAL) specific and cannot be more than five days prior or 90 days after the filing.)
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as the State's records.
certificate, I am familiar with and accept the app	ept service of process for the above stated corporation at the place designated in to pointment as registered agent and agree to act in this capacity
Required Signature of	Registered Agent Date Date
I submit this document and affirm that the facts to the Department of State constitutes a third dep	stated herein are true. I am aware that any false information submitted in a docume gree felony as provided for in s.817.155, F.S.
Α	ure of Incorporator D6/12/2019 Date