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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
WEAMERICAS FOUNDATION INC

Certificate of Status	0
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November 1, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KIJOENNA SERVICES INC

SUBJECT: W1AMERICAS FOUNDATION, INC
REF: W19000096571

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Susan Tallent
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COVER LETTER

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

SUBJECT: WEAMERICAS FUNDATION, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles 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 COPY REQUIRED

FROM: KIJOENNA SERVICES ,INC
Name (Printed or typed)

2141 SW 1 S, SUITE 110
Address

MIAMI, FL 33135
City, State & Zip

7864997132
Daytime Telephone number

KRIJOENNA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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 I NAME
The name of the corporation shall be: WEAMERICAS FOUNDATION , INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
600 BILTMORE WAY, SUITE 917	
CORAL WAY, FL 33134	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL

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ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	ANDREA IRARRAZAVAL P	Name and Title:	VALERIA PIZZUTO VP
Address:	600 BILTMORE WAY, SUITE 917	Address:	600 BILTMORE WAY, SUITE 917
	MIAMI, FL 33134		MIAMI, FL 33134
Name and Title:	ELIZABETA CASTRO TRESUARE	Name and Title:	HADA ZEPEDA ADMINISTRATOR
Address:	600 BILTMORE WAY, SUITE 917	Address:	600 BILTMORE WAY, SUITE 917
	CORAL WAY, FL 33134		CORAL WAY, FL 33134
Name and Title:	RACHELE OLORTEGUI SECRETARY	Name and Title:	JANNY CORDOVA SECRETARY
Address:	600 BILTMORE WAY, SUITE 917	Address:	600 BILTMORE WAY, SUITE 917
	CORAL WAY, FL 33134		CORAL WAY, FL 33134

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 NOT acceptable) of the registered agent is:

Name: IRARRAZAVAL,ANDREA

Address: 600 BILTMORE WAY, SUITE 917

CORAL WAY, FL 33134

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDREA IRARRAZAVAL

Address: 600 BILTMORE WAY, SUITE 917

CORAL WAY, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/01/2019 (OPTIONAL)

(If an effective date is listed, the date must be 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 meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Andrea Irarrazaval
Required Signature of Registered Agent

11/01/2019
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Andrea Irarrazaval
Required Signature of Incorporator

11/01/2019
Date