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Division of Corporations

Florida Department of State
Division of Corporations
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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: _____

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2020 MAR -5 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2020 MAR -5 PM 2:32

**FLORIDA PROFIT/NON PROFIT CORPORATION
COALICION AVIVAMIENTO USA & EUROPA, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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3/6/2020

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: COALICION AVIVAMIENTO USA & EUROPA, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address:407 LINCOLN ROADSUITE 6AMIAMI BEACH, FL. 33139

Mailing address, if different is:

407 LINCOLN ROADSUITE 6AMIAMI BEACH, FL. 33139**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE PURPOSE OF THIS CORPORATION IS TO COLLECT FUNDS TO BUY BIBLES AND TO EDUCATE THE PUBLIC ABOUT THE HARMFUL EFFECTS OF ILLEGAL DRUGS.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: AT AN ANNUALMeeting by the majority of Directors**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS NEGRONDP

Name and Title: _____

Address 407 LINCOLN RD.

Address: _____

SUITE 6AMIAMI BEACH, FL. 33139Name and Title: URSULA WILLMOREDVPT

Name and Title: _____

Address 407 LINCOLN RD.

Address: _____

SUITE 6AMIAMI BEACH, FL. 33139Name and Title: MARIELLE FLOREALDS

Name and Title: _____

Address 407 LINCOLN RD.

Address: _____

SUITE 6AMIAMI BEACH, FL. 33139SECRETARY OF STATE
TALLAHASSEE, FL 32399

2020 MAR -5 PM 1:24

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS NEGRON

Address: 407 LINCOLN RD. SUITE 6A

MIAMI BEACH, FL. 33139

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LUIS NEGRON

Address: 407 LINCOLN RD. SUITE 6A

MIAMI BEACH, FL. 33139

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Luis Negron

Required Signature of Registered Agent

03/05/2020

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.

Luis Negron

Required Signature of Incorporator

03/05/2020

Date