6/11/2020

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033

Phone : (305)805-3516 Fax Number : (305)887-5844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION RAVIVA HEALING INC

Certificate of Status	0
Certified Copy	0
Раде Соилт	04
Estimated Charge	\$70.00

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Help

COVER LETTER

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

121011000000000000000000000000000000000							
SUBJECT: Raviva Heali		PRATE NAME – <u>MUST INC</u>	LUDE SUFFIX)				
Enclosed is an original a	and one (1) copy of the Arti	cles of Incorporation and	a check for :				
■ \$70.00	□ \$78.75	□\$78.75	□ \$87.50				
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,				
	Certificate of Status	& Certified Copy	Certified Copy & Certificate				
	Status		& Ceruncate				
		ADDITIONAL CO	PY REQUIRED				
FROM:	Claudia Escobar Reyes						
	Nam	e (Printed or typed)					
	6075 W Commercial Blvd						
	Address						
	Tamarac, FL 33319						
	City, State & Zip						
	954-724-4141						
	Daytir	ne Telephone number					

claudia@cbsfinancialcpa.com

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

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

ARTICLES OF INCORPORATION

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

RTICLE II	PRINCIPAL OFFICE					
	Principal street address:		Mailing address.	if differe	ent is:	
126	51 W SUNRISE BLVD #102	— <u>—</u> ——————————————————————————————————	12651 W SUNRISE BLVD #102			
SUN	NRISE, FL 33326	St	JNRISE, FL 33326		_	
						
IRTICLE II	f PURPOSE for which the corporation is organized is:	The Corporation is c	organized exclusively for	r charital	ble, relig	gious.
	nd scientific purposes, for such purposes, i					
			- <u> </u>			
	s under section 501 (c)(3) of the Internal R	evenue Code, or the	corresponding section (ot any fu	iture fed	leral tax
		·				
			-		·	
			<u>-</u>			
						
						<u></u>
		mer in which the dir	ectors are elected and app	oointed:		
	MANNER OF ELECTION The mar DED FOR IN THE BYLAWS.	oner in which the dir	ectors are elected and app	ointed:		
		oner in which the dir	ectors are elected and app	pointed: _		
AS PROVII			ectors are elected and app	oointed: _		
AS PROVII	DED FOR IN THE BYLAWS. INITIAL OFFICERS AND/OR DIREC		ectors are elected and app	pointed: _		
AS PROVII	DED FOR IN THE BYLAWS. INITIAL OFFICERS AND/OR DIRECTOR		VP - Claudia Vesshi	oointed: _		
ARTICLE IV AS PROVII IRTICLE V Name and Tit	DED FOR IN THE BYLAWS. INITIAL OFFICERS AND/OR DIRECTOR	CTORS Name and Title	VP - Claudia Vesshi			
AS PROVII RTICLE V Same and Tit	INITIAL OFFICERS AND/OR DIRECTED FOR IN THE BYLAWS. INITIAL OFFICERS AND/OR DIRECTED FOR INTERPORT OF INTERP	CYORS	VP - Claudia Vecchi 16740 Waters Edge Dr			
AS PROVII RTICLE V Same and Tit	DED FOR IN THE BYLAWS. INITIAL OFFICERS AND/OR DIRECTOR le: PTD - Carolina Vecchi Manganaro	CTORS Name and Title	.: VP - Claudia Vecchi			
AS PROVII RTICLE V Same and Tit	INITIAL OFFICERS AND/OR DIRECTED FOR IN THE BYLAWS. INITIAL OFFICERS AND/OR DIRECTED FOR INTERPORT OF INTERP	CTORS Name and Title	VP - Claudia Vecchi 16740 Waters Edge Dr			-
AS PROVII RTICLE V Same and Tit	INITIAL OFFICERS AND/OR DIRECTOR OF THE BYLAWS.	CTORS Name and Title Address:	VP - Claudia Vecchi 16740 Waters Edge Dr Sunrise, FL 33326		2	-
AS PROVII RTICLE V Name and Tit	INITIAL OFFICERS AND/OR DIRECTED FOR IN THE BYLAWS. INITIAL OFFICERS AND/OR DIRECTED FOR INTERPORT OF INTERP	CTORS Name and Title Address:	VP - Claudia Vecchi 16740 Waters Edge Dr Sunrise, FL 33326		20.	-
AS PROVII RTICLE V lame and Tit ddress	INITIAL OFFICERS AND/OR DIRECTOR OF THE BYLAWS.	CTORS Name and Title Address: Name and Title	VP - Claudia Vecchi 16740 Waters Edge Dr Sunrise, FL 33326			-
AS PROVII RTICLE V lame and Tit ddress	PTD - Carolina Vecchi Manganaro le: 16740 Waters Edge Dr Sunrise, FL 33326	CTORS Name and Title Address: Name and Title	VP - Claudia Vecchi 16740 Waters Edge Dr Sunrise, FL 33326			
AS PROVII RTICLE V lame and Tit ddress	PTD - Carolina Vecchi Manganaro le: 16740 Waters Edge Dr Sunrise, FL 33326	CTORS Name and Title Address: Name and Title	VP - Claudia Vecchi 16740 Waters Edge Dr Sunrise, FL 33326			<u>;=</u>
AS PROVII RTICLE V lame and Tit ddress	PTD - Carolina Vecchi Manganaro le: 16740 Waters Edge Dr Sunrise, FL 33326	CTORS Name and Title Address: Name and Title	VP - Claudia Vecchi 16740 Waters Edge Dr Sunrise, FL 33326			- T
AS PROVII RTICLE V lame and Tit ddress	INITIAL OFFICERS AND/OR DIRECTED Inc. PTD - Carolina Vecchi Manganaro 16740 Waters Edge Dr Sunrise, FL 33326	CTORS Name and Title Address: Name and Title Address:	:: VP - Claudia Vecchi 16740 Waters Edge Dr Sunrise, Fl. 33326			<u>;=</u>
AS PROVII RTICLE V lame and Tit ddress	PTD - Carolina Vecchi Manganaro le: 16740 Waters Edge Dr Sunrise, FL 33326	CTORS Name and Title Address: Name and Title Address:	:: VP - Claudia Vecchi 16740 Waters Edge Dr Sunrise, Fl. 33326			<u>;=</u>
AS PROVII RTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTED Inc. PTD - Carolina Vecchi Manganaro 16740 Waters Edge Dr Sunrise, FL 33326	Name and Title Address: Name and Title Address: Address: Name and Title	:: VP - Claudia Vecchi 16740 Waters Edge Dr Sunrise, Fl. 33326			<u>;=</u>

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Name and Title:_	1	Name and Title:			
Address _		Address:			
-					
Name and Title:		Name and Title:			
Address _		Address:			
_			<u></u>		
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ADTICE E VI	REGISTERED A GENT)* <u>(</u>	>	
	erids street address (P.O. Box NOT accept	able) of the registered agent is:	• • • • • • • • • • • • • • • • • • • •		
Name:	Carolina Vecchi Mangonaro		-		
Address:	12651 W Sunrise Blvd #102			Ti	
	Surrise, FL 33326			. ;	
				-	
	INCORPORATOR		St. C	1	
The name and a	ddress of the Uncorporator is:				
Name:	Carolina Vecchi Manganaro				
Address:	12651 W Sunrise Blvd #102				
	Survise, FL 33326				
ARTICLE VIII	EFFECTIVE DATE: 06(10/2020)				
Effective date, il	other than the date of filing: 06/10/2020 inter is listed, the date must be specific and	(OPTIONA		the filing.)	
·	·	-			
	inserted in this block does not meet the apprinted and the Department of State's recon-		nes, this date will not be	e itsied as the	
	med as registered agent to accept service of familiar with and accept the appointment as			designated in this	
x	m	•	06/10/2020		
Regulated Signature of Registered Agent		Agen1	Date		
l submit this doc the Department	umens and affirm that the facts stated herein of Sease constitutes a third degree felony as p	are true. I am aware that any fals rovided for in s.817.155, F.S.	re information submitted	in a document to	
x	AN		06/10/2020		
	Required Signature of Incorp.	orator	Date		