N20000013079

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

Office Use Only



600354995106

11/16/20--01022--009 **87.50

2020 NOV 16 PH 1: 09

Department of State

FILED

2020 KOY 16 PM 4: 10

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

SUBJECT: Viyan Relief and Development (VRD) 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

Dr Nicolas Kimaz FROM:

Name (Printed or typed)

700 S Rosemary Ave Ste 204-A28

Address

West Palm Beach, FL 33401

City, State & Zip

786-208-9778

Daytime Telephone number

caretastictrading@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)

ARTICLE I The name of the	NAME Viyan Relief	and Development (VRD) Inc
ARTICLE II	PRINCIPAL OFFICE	
	Principal <u>street</u> address:	Mailing address, if different is:
700	S Rosemary Ave Ste 204-	A28
We	st Palm Beach, FL 33401	
	r which the corporation is organized is:	corporation is organized exclusively for charitable, medical purposes within (3), namely: to provide healthcare services to people impacted by conflicts,
		d worldwide. It will provide primary health care facilities, mobile facilities,
		populations, along with educational events to raise awareness in the
	···	y vulnerable populations. It will provide any and all helpful assistance
		ution the directors of this corporation will distribute any remaining
		naritable by the IRS under IRC sec 501(c)(3) that have similar goals.
	· · · · · · · · · · · · · · · · · · ·	
<u>ARTICLE IV</u>	MANNER OF ELECTION The ma	anner in which the directors are elected and appointed: As in the by Laws
		
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS
Non-yand Title	KIMAZ NICOLAS Dir/Pres	Name and Tister
	651 OKEECHOBEE BLVD UNIT 503	Name and Title:
Address	WEST PALM BEACH FL 33401	Address:
		
	SILVERSTEIN, LARRY Dir	
Name and Title Address	1044 STATE ST	Name and Title:
	CLAYTON, NY 33624	Address:
	BRAATEN, DUANE Dir	
Name and Title Address	630 S SAPODILLA AVE UNIT 319	Name and Title:
	WEST PALM BEACH, FL 33401	Address:

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the	NAME corporation shall be: Viyan Relief	and Development (VRD) Inc
<u>ARTICLE II</u>	Principal street address:	2020 HOV 16 PH 4: 10
	S Rosemary Ave Ste 204-	A28
We	st Palm Beach, FL 33401	
, ,	r which the corporation is organized is:	s corporation is organized exclusively for charitable, medical purposes within (3), namely: to provide healthcare services to people impacted by conflicts
disasters, dis	placement or poverty be they in the US and	d worldwide. It will provide primary health care facilities, mobile facilities
visitations, he	alth counseling or training for vulnerable	populations, along with educational events to raise awareness in the
general comm	munity concerning the challenges faced b	by vulnerable populations. It will provide any and all helpful assistance
to vulnerable	populations. In the event of its dissolu	ution the directors of this corporation will distribute any remaining
funds or asse	ets to other corporations recognized as ch	naritable by the IRS under IRC sec 501(c)(3) that have similar goals.
ARTICLE IV	INITIAL OFFICERS AND/OR DI	anner in which the directors are elected and appointed: RECTORS
Name and Title	······································	Name and Title:
Address	WEST PALM BEACH FL 33401	Address:
Name and Title		Name and Title:
Address	1044 STATE ST CLAYTON, NY 33624	Address:
Name and Title Address	BRAATEN, DUANE Dir 630 S SAPODILLA AVE UNIT 319	Name and Title:Address:
	WEST PALM BEACH, FL 33401	

	. *		
Name and Title:		Name and Title:	
Address _		Address:	
_			
Name and Title:_		Name and Title:	
Address _		Address:	
_			
		,—	
ARTICLE VI The name and Fl	REGISTERED AGENT lorida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Nicolas Kimaz		
Address:	700 S Rosemary Ave Ste 204-	A28	
riddi cy	West Palm Beach, FL 33	401	
ARTICLE VII The name and ac	INCORPORATOR Idress of the Incorporator is:		
Name:	Nicolas Kimaz		
Address:	700 S Rosemary Ave Ste 204	-A28	
	West Palm Beach, FL 33	401	
	med as registered agent to accept service of familiar-with and accept the appointment as		
	Required Signature of Registered A	Agent	11 - 10 - 2020 Date
I submit this doc	ument a <u>nd</u> affirm that the facts stated herein		nformation submitted in a documen.
	n of State constitutes a third degree felony as		,
	11.54		11-10-2020 Date
-	Required Signature of Incorpo	orator —	Date