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(Requestor's Name) (Address) (Address)	800366901808
(City/State/Zip/Phone #)	85/27/21-−0:016059 **70.00
(Business Entity Name) (Document Number)	
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COVER LETTER

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

SUBJECT:	Asociacion Civil Paz Activa, Corp
	(PROPOSED CORPORATE NAME – MUST INCLUDĖ SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

Status

□\$78.75 Filing Fee & Certified Copy □ \$87.50 Filing Fee. Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

Luis E Cedeno FROM:

Name (Printed or typed)

6221 Leonardo St.

Address

Coral Gables, Florida, 33146

City, State & Zip

30597594440

Daytime Telephone number

xedeno@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)

<u>ARTICLE I</u>	NAME	
The name of the	corporation shall be:	1

Asociacion Civil Paz Activa, Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6221 Leonardo St.

Coral Gables FL 33146

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ______ to defend human and civil rights secured by law in all countries.

We are focused on implementing programs and actions to eliminate or mitigate political violence, social violence, criminal violence,

To combat worldwide social inequalities that trigger massive social upheavals that fuels violence.

To promote empathy and non-violence as methods of conflict resolution. To promote democratic values in all countries.

To educate and promote access to all basic human rights and needs as a society. To promote self development and determination.

This corporation is a nonprofit corporation and is not organized for the private gain of any person.

It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes, within the meaning of Section 501(c)(3).

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Luis E Cedeno, Director	Name and Title:	Jose G Fereira, Director		
	6221 Leonardo St.		1080 94th ST, Apt 210	-	
-	Coral Gables FL 33146		Bay Harbor Islands, FL 33154	-	
Name and Title:	Victor M Cedeno, Director			-	
	17039 NW 11th St		·	- 293	
	Pembroke Pines, FL 33028	//diress.			
-	•			127	•
Name and Title:				AH 11:	, . ł
Address		Address:			
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Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
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ARTICLE VI REGISTERED AGENT

. . .

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	Victor M Cedeno
Address:	17039 NW 11th St
	Pembroke Pines, 33028

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	Luis E Cedeno
Address:	6221 Leonardo St.
	Coral Gables FL 33146

ARTICLE VIII _ EFFECTIVE DATE:

LEVEND

VICTOR

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

Required Signature of Registered Agent

05/20/2021 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.

Required Stynature of Incorporator LUIS E. CEDENO

05/20/2021

Date