

From:

06/30/2021 08:56

#059 P.001

6/23/2021

NZ1000007947

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 : 360 CORPORATE SOLUTIONS, LLC
Account Number : I20210000090
Phone : (305)529-5440
Fax Number : ~~(205)230-7733~~ not working
(305)529-5441

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

Email Address: lpacho@gemri-cpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION

NEVE Project Inc.

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

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

NEVE Project Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address:

2600 S. Douglas Road Ste 801

Mailing address, if different is:

Coral Gables FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose of the NEVE Project is to reduce poverty through education and empowerment, including technology and job skills training to disadvantaged communities, while promoting development, sustainability and innovation in developing countries.

Majority Vote

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: Alec Rosen, President

Address: 45 Morningside Dr

Coral Gables FL 33133

Name and Title: Carol Duarte, Director

Address: 2600 S Douglas Rd Ste 801

Coral Gables FL 33134

Name and Title: Gerson Nascimento, Director

Address: 2600 S Douglas Rd Ste 801

Coral Gables FL 33134

Name and Title: Vinicius Nascimento, Director

Address: 2600 S Douglas Rd Ste 801

Coral Gables FL 33134

Name and Title: Tamara Suarez Silva Nascimento, Director

Address: 2600 S Douglas Rd Ste 801

Coral Gables FL 33134

Name and Title: Silvia Rosen, Director

Address: 45 Morningside Dr

Coral Gables FL 33133

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From:

06/30/2021 08:57

#059 P.003

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:

Saidin M. Hernandez, Esq.

Name: _____

2600 S. Douglas Rd Ste 801

Address: _____

Coral Gables FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alec Rosen

Name: _____

45 Morningside Dr

Address: _____

Coral Gables FL 33133

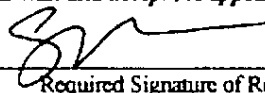
ARTICLE VIII EFFECTIVE DATE:

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:

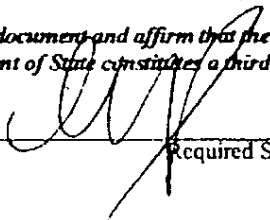


Required Signature of Registered Agent

6/22/21

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 Signature of Incorporator

6/22/21

Date

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