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(Requestor's Name)

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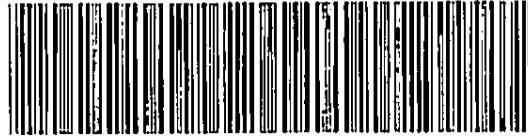
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

My Gift To The World, Inc.

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____

Signature _____

Requested by: SETH

07/06/21

Name _____

Date _____

Time _____

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

ARTICLE I NAME

The name of the corporation shall be: My Gift To The World, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
401 East Las Olas Blvd.

Suite 1400

Fort Lauderdale, FL 33301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Corporation formed for literary and educational purposes as set forth in
501(c)(3) of the Code. Its purpose is to gather, publish, and develop inventions and ideas related to improving humanity and
eradicating poverty, disease, and death.

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

As provided for in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Director - Valentino Danchev

401 East Las Olas Blvd.

Address: Suite 1400

Fort Lauderdale, FL 33301

Name and Title: _____

Address: _____

Name and Title: Director - Ruben Vargas

401 East Las Olas Blvd.

Address: Suite 1400

Fort Lauderdale, FL 33301

Name and Title: _____

Address: _____

Name and Title: Director - Victor Gonzalez

401 East Las Olas Blvd.

Address: Suite 1400

Fort Lauderdale, FL 33301

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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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:

Name: Bryan J. Rush, Esq.

Address: Two South Biscayne Blvd., Suite 2600

Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ruben Vargas

Address: 401 East Las Olas Blvd., Suite 1400

Fort Lauderdale, FL 33301

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:

Bryan Rush

Required Signature of Registered Agent

July 7, 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 § 817.155, F.S.

Ruben Vargas

Required Signature of Incorporator

July 7, 2021

Date