

N123000009866

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000283551 3)))



H230002835513ABCE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION GLOBAL CHRISTIAN ANTI-DRUG COUNCIL CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2023 AUG 15 PM 4:31

LAZARUS

Electronic Filing Menu

Corporate Filing Menu

Help

2023 AUG 15 AM 10:46
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FILED

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

ARTICLE I NAMEThe name of the corporation shall be: Global Christian Anti-Drug Council CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address:16855 SW 200 ST, Miami, FL 33187

Mailing address, if different is:

Same**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: This institution is to help the community in spiritual and mental healthThis includes drug and alcohol abuse, along with anxiety and stress.This, in-turn, will encourage a healthier society of mind and spirit.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: _____By the by laws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Maria E. Cardona, President

Name and Title: _____

Address 16855 SW 200 ST

Address: _____

Miami, FL 33187Name and Title: Jose G. Velandia, Vice-President

Name and Title: _____

Address 16855 SW 200 ST

Address: _____

Miami, FL 33187

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2023 AUG 15 AM 10:46
FILED
STATE
OFFICE
MIAMI, FL

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: Maria E. Cardona
Address: 16855 SW 200 ST
Miami, FL 33187

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria E. Cardona
Address: 16855 SW 200 ST
Miami, FL 33187

FILED
2023 AUG 15 AM 10:46
STATE
TALLAHASSEE, FL

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:

Maria E. Cardona
Required Signature of Registered Agent

Aug. 14, 2023

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.

Maria E. Cardona
Required Signature of Incorporator

Aug. 14, 2023

Date