

1 **N95000003725**

TRANSMITTAL LETTER

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

RECEIVED  
JUL 11 1995  
FBI - TAMPA

SUBJECT: MANFRED CONFIDENCE, Inc.  
(Proposed corporate name - must include suffix)

400001553444  
-08/04/95--01048--009  
\*\*\*\*490.00 \*\*\*\*122.50

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

☒ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: MANFRED CZIERWITZKI  
Name (Printed or typed)

8855 BAY VILLA CT.  
Address

ORLANDO, FL 32819  
City, State & Zip

(407) 827-0313  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

### ARTICLE I Name

The name of the corporation shall be:

MANFRED CONFIDENCE, Inc.

### ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

8855 BAY VILLA CT  
ORLANDO, FL 32819

Mailing Address: P.O. BOX 22009, LAKE BUENA VISTA,  
FL 32830

### ARTICLE III Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

RELIGIOUS PURPOSES  
CONSULTING, SPEAKING, SEMINARS

### ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

The President, Manfred Csernitski,  
will elect them, as stated in the  
Bylaws.

**ARTICLE V**

**Limitation of corporate powers**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

**ARTICLE VI**

**Initial registered agent and street address**

The name and the street address of the initial registered agent is:

MANFRED CZIERWITZKI  
8855 BAY VILLA CT, ORLANDO, FL 32819  
~~P.O. BOX~~

**ARTICLE VII**

**Incorporators**

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

MANFRED CZIERWITZKI  
8855 BAY VILLA CT, ORLANDO, FL 32819

The undersigned incorporator has executed these Articles of Incorporation this 4<sup>th</sup> day of August, 19 95.

Signature of Incorporator:

M. Czierwitzki

M. CZIERWITZKI

Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

MANFRED CONFIDENCE, INC.

(must include suffix)

2. The name and address of the registered agent and office is:

MANFRED CZIERWITZKI

(NAME)

8855 BAY VILLA CT

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ORLANDO, FL 32819

(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

M. Czierwitzki

(SIGNATURE)

4th August '95

(DATE)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV -4 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003725

1. Corporation Name  
MANFRED CONFIDENCE, INC.

Principal Place of Business  
8855 BAY VILLA COURT  
ORLANDO FL 32819

Mailing Address  
POST OFFICE BOX 22009  
LAKE BUENA VISTA FL 32830



200001994982--3

-11/04/96-01033-0016

\*\*\*930.00 \*\*\*245.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 1617 SUNNY ST		Suite, Apt. #, etc.		08/04/1995	
City & State KISSIMMEE		City & State		5. FEI Number	
Zip FL 34741		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 68.75 Additional Fee required for a Certificate of Status	

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	CZIERWITZKI, MANFRED	8855 BAY VILLA COURT 1617 SUNNY ST	ORLANDO FL 32819 KISSIMMEE FL 34741
D	CZIERWITZKI, MONIKA		
D	TANG, SABINE	BÖTTGERSTR. 5	NÜRNBERG, GERMANY

REINSTATEMENT

1996

U. Alan

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CZIERWITZKI, MANFRED 8855 BAY VILLA COURT ORLANDO FL 32819		Name Street Address (P.O. Box Number is Not Acceptable) 1617 SUNNY ST Suite, Apt. #, Etc. City KISSIMMEE State FL Zip Code 34741	

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*M. Czierwitzki*

REGISTERED AGENT MUST SIGN

Date 11-1-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*M. Czierwitzki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-96

Date

407-846-2835

Daytime Phone #