2 N95000003727

TRANSMITTAL LETTER

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

SUBJECT: CC. NCE ASSOCIATION, Inc
(Proposed corporate name - must include suffix)

300001553443
-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

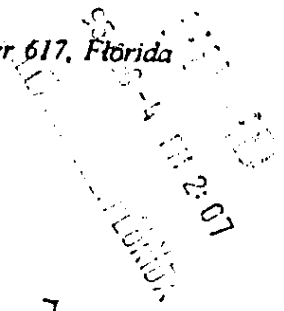
(407) 827-0313
Daytime Telephone number

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

BROWN AUG - 4 1995

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:

CONFIDENCE ASSOCIATION, 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: 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):

EDUCATIONAL PURPOSES

ARTICLE IV
Manner of election of directors

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

THE PRESIDENT, MANFRED CZIERWITZKI, 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

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 day of August, 1995.

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:

CONFIDENCE ASSOCIATION, 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 1995
(DATE)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96 REINSTATEMENT

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

APPROVED AND FILED

96 NOV -4 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003727

1. Corporation Name
CONFIDENCE ASSOCIATION, INC.

Principal Place of Business
8855 BAY VILLA COURT
ORLANDO FL 32819

Mailing Address
POST OFFICE BOX 22009
LAKE BUENA VISTA FL 32803

400001994984--7
-11/04/96--01033--006
****80.00 ****245.00

If above addresses are incorrect in any way, line through incorrect information & state correction below

2. New Principal Office Address, If Applicable
Suite Apt # etc 1617 SUNNY ST
City & State KISSIMMEE FLORIDA
Zip FL 34741 Country

3. New Mailing Office Address, If Applicable
Suite Apt # etc
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 06/04/1995

5. FEI Number
X Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED X $8.75 Additional fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P D	CZIERWITZKI, MANFRED	8855 BAY VILLA COURT	ORLANDO FL 32819
D	CZIERWITZKI, MONIKA	[illegible] SUNNY ST 1617	KISSIMMEE, FL 34741
D	YANG, SABINE	BÖTTGERSTR. 5	NORDERSTEDT, GERMANY
		REINSTATEMENT 1996	

8. Name and Address of Current Registered Agent
CZIERWITZKI, MANFRED
8855 BAY VILLA COURT
ORLANDO FL 32819

9. Name and Address of New Registered Agent
Name 11-4-96
Street Address (P.O. Box Number is Not Acceptable) 1617 SUNNY ST
Suite Apt # Etc
City KISSIMMEE State FL Zip Code 34741

CR2E040 (7-95)

10. I hereby accept the registered agent of the above-named corporation and 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 form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is 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

407 846-2235
Daytime Phone #

0015469 AF