

N95000003728

TRANSMITTAL LETTER

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

FILED
55 AUG -4 PM 2:00
TALLAHASSEE, FLORIDA

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

000001553440
-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:

BEINGONE 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):

Religious and Scientific 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 4th day of August, 19 95.

Signature of Incorporator:

M. Czierwiczki

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:

BEINGONE ASSOCIATION, Inc

(must include suffix)

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

MANFRED CZIERWITZKI

(NAME)

8815 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. Cziewitzki

(SIGNATURE)

August 4th, 1995

(DATE)

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000003728

1. Corporation Name

BEINGONE ASSOCIATION, INC.

Principal Place of Business

8855 BAY VILLA COURT
ORLANDO FL 32819

Mailing Address

POST OFFICE BOX 22009
LAKE BUENA VISTA FL 32830

96 NOV -4 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



500001994985--3

-11/04/96--01033--006

****930.00 ****245.00

08/04/1995

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

2. New Principal Office Address, If Applicable

1617 SUNNY ST

3. New Mailing Office Address, If Applicable

State, Apt. #, etc

4. Date Incorporated or Qualified
To Do Business in Florida

Applied For

Not Applicable

5. FEI Number

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

City & State

KISSIMMEE FLORIDA

Zip

34741

Country

Zip

Country

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

Title

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

City / State / Zip

1

P D CZIERWITZKI, MANFRED

3

8855 BAY VILLA COURT

4

ORLANDO FL 32819

2

CZIERWITZKI, MONIKA

3

1617 SUNNY ST

4

KISSIMMEE, FL 34741

3

~~SUNNY~~ TANG, SABINE

3

BOTTGERST, S

4

NORDERSTEDT
GERMANY

REINSTATEMENT

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

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

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

Signature of
Registered Agent

M. Czierwitski
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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-96

Date

Daytime Phone #

407
846-2835