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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA NON-PROFIT CORPORATION

Ministerio Centro de Restauracion Cristiano, Inc.

Certificate of Status	0
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Corporate Filing

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under Florida. Not for Profit Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

>> Ministerio Centro de Restauracion Cristiano, Inc.

ARTICLE II PRINCIPLE OFFICE

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

>> 1461 West 42 Street-Suite#101, Hialcah, FJ 33012.

ARTICLE III PURPOSE (S)

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

>> Realize events such as : Conferences, Meetings, Visual Aides, etc.

ARTICLE IV MANNER OF ELETION OF DIRECTORS

The manners in which the directors are elected are appointed is:

>> The manner of election of directors in the by laws of Corporation.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

>> Carlos Roman-1461 West 42 Street-Suite#101-Hialeah, Fl 33012.

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

>> Carlos Roman-1461 West 42 Street-Suite#101-Hialeah, Fl 33012

Signiture/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certivicate. 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 statues 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.

Stonature/ Registered Agent

Date