

N 1000001153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

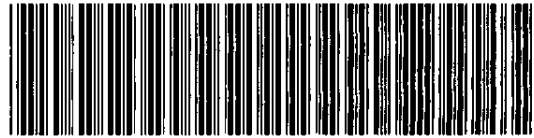
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Comite de Apoyo Pro Fabio 2011 Miami Florida Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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 of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Flor De Maria Herdocia
Name (Printed or typed)

15826 SW 97th Terrace
Address

Miami, Florida. 33196
City, State & Zip

305-793-7578
856 SW 134th St telephone number

flormarherd@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

Comite de Apoyo Pro Fabio 2011 Miami Florida Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
856 SW 154th Path
MIAMI, FLORIDA 33194

Mailing address, if different is:
856 S.W. 154TH PATH
MIAMI, FLORIDA 33194

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To raise awareness of democracy in the Nicaraguan people and to promote democratic movements in our native country Nicaragua in order to help establish a democratic government.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Director of Organization & Secretary
Address: Benjamin Navarro
9390 West Flagler St. Apt. #214
Miami, Florida 33174

Name and Title: _____
Address: _____

Name and Title: Director of Treasury
Address: Silvio D. Morraz
23101 SW 120th avenue
Miami, Florida 33170

Name and Title: _____
Address: _____

Name and Title: Director of Communications
Address: Milton Cabrera
14221 S.W. 48th Street
Miami, Florida 33175

Name and Title: _____
Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Flor De Maria Herdocia
Address: 15626 S.W. 97th Terrace
Miami, Florida 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lilia Morraz
Address: 23101 SW 120th avenue
Miami, Florida 33170

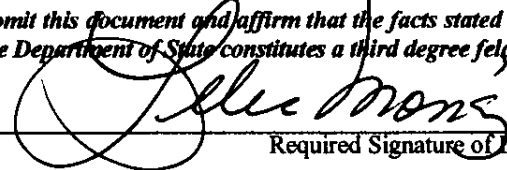
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

November 25th 2010
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.



Required Signature of Incorporator

November 25th 2010
Date