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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA PROFIT/NON PROFIT CORPORATION
ANGEL DE ESPERANZA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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

ARTICLE I NAME

The name of the corporation shall be: **ANGEL DE ESPERANZA, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4920 NW 171st Street
Miami Gardens, FL 33055

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help with medicine, professional services and others resources the poor children with terminal illness in the city of "La Vega" Dominican Republic.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ardio Genao (P)
Address: 4920 NW 171st Street
Miami Gardens, FL 33055

Name and Title: Marja Rodriguez (S)
Address: 4920 NW 171st Street
Miami Gardens, FL 33055

Name and Title: Ariela Genao (VP)
Address: 4920 NW 171st Street
Miami Gardens, FL 33055

Name and Title: _____
Address: _____

Name and Title: Laura Genao (T)
Address: 4920 NW 171st Street
Miami Gardens, FL 33055

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Ardio Genao
Address: 4920 NW 171st Street
Miami Gardens, FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ardio Genao
Address: 4920 NW 171st Street
Miami Gardens, FL 33055

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

Ardio Genao
Required Signature of Registered Agent

09/26/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that my false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

Ardio Genao
Required Signature of Incorporator

09/26/2012
Date

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TALLAHASSEE, FLORIDA