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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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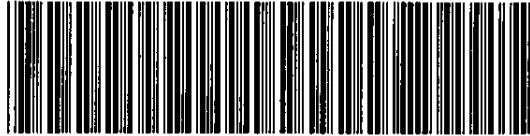
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN -4 2016  
S. PRATHER

**COVER LETTER**

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

**SUBJECT:** CUBAONE FOUNDATION, 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:** JIMENEZ LAW OFFICES, P.A.  
Name (Printed or typed)

100 SE THIRD AVE. SUITE 1514  
Address

FORT LAUDERDALE, FL 33394  
City, State & Zip

(954) 848-3111  
Daytime Telephone number

ANDREW@JIMENEZLAWOFFICES.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**

The name of the corporation shall be: CUBAONE FOUNDATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
C/O JIMENEZ LAW OFFICES, P.A.

Mailing address, if different is:

100 SE THIRD AVE, SUITE 1514

FORT LAUDERDALE, FL 33394

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CULTURAL EXCHANGE AND EDUCATIONAL PROGRAMMING,  
AND FOR ANY AND ALL LAWFUL PURPOSES NOT FOR PECUNIARY PROFIT.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Stated in the Bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DANIEL JIMENEZ (O)

Address: 1749 NE Miami Ct

Apt 315

Miami, FL 33132

Name and Title: GIANCARLO SOPO (O)

Address: 11605 SW 101 TERRACE

MIAMI, FL 33176

Name and Title: CHERIE N. CANCIO (O)

Address: 8332 COMMERCE WAY, APT 309

MIAMI LAKES, FL 33026

Name and Title: ANDREW L. JIMENEZ (O)

Address: C/O JIMENEZ LAW OFFICES, P.A.

100 SE THIRD AVE, SUITE 1514

FORT LAUDERDALE, FL 33394

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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ALLAHMUSSEY FLORENCE

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 Name and Title: \_\_\_\_\_  
 Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: JIMENEZ LAW OFFICES, P.A.  
 Address: 100 SE THIRD AVE, SUITE 1514  
FORT LAUDERDALE, FL 33394

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DANIEL JIMENEZ  
 Address: 100 SE THIRD AVE, SUITE 1514  
FORT LAUDERDALE, FL 33394

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 TALLAHASSEE FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/01/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

DocuSigned by: Andrew L. Jimenez Andrew L. Jimenez Jimenez Law Offices, P.A. 12/21/2015  
 012D14DABD784F7 Required Signature of Registered Agent 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.*

DocuSigned by: Daniel Jimenez Daniel Jimenez 12/21/2015  
 7D7C0E6658304A6 Required Signature of Incorporator Date