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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

## FLORIDA NON-PROFIT CORPORATION

INSTITUTO LATINOAMERICANO DE CIENCIAS MARINAS Y DEL

Certificate of Status	0
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## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

INSTITUTO LATINOAMERICANO DE CIENCIAS MARINAS Y DEL AMBIENTE, INC.

### ARTICLE II PRINCIPAL OFFICE

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

5430 SW 92nd Ave, Miami FL, 33165.

### ARTICLE III PURPOSE(S)

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

The Purpose of the Institute is to provide training and tutoring on marine and environmental issues in order to cooperate with the Latin America community to preserve the environment.

### ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

The manner of election of Directors of this Corporation will be stated in the By-Laws of the Corporation.

### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Maria J. Bello  
5430 SW 92nd Ave  
Miami FL, 33165.

### ARTICLE VI INCORPORATOR

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

Maria J. Bello  
5430 SW 92nd Ave, Miami FL 33165.

  
Signature/Incorporator

09/01/2000

Date

(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 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.

  
Signature/Registered Agent

09/01/2000

Date

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