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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
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2002 APR -4 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA NON-PROFIT CORPORATION
MINISTERIO ARTISTICO CRISTIANO "LA RED", INC.

Certificate of Status	0
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ARTICLES OF INCORPORATIONSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

>>Ministerio Artistico Cristiano "LA RED", Inc.

ARTICLE II PRINCIPAL OFFICE

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

>>441 East 12 Street, Hialeah, Fl 33010.

ARTICLE III PURPOSE(S)

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

>>Realize events such as :theater, conferences, Television programs, visual aides, etc. to raise funds , to help and to sustain, open homes, hospitals, educational centers, and to feed / nourish children and the abandoned.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

>>The manner of election of directors in the bylaws of Corporation.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

>>Alicia Acosta, 441 East 12 Street, Hialeah, Fl 33010.

ARTICLE VI INCORPORATOR

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

>>Alicia Acosta, 441 East 12 Street, Hialeah, Fl 33010.



Signature/Incorporator



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



Date