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TRANSMITTAL LETTER

Department of State Division of Corporations p. o. box 6327 Tallahassee, Fl. 32314

000005361270--: -04/26/02--01069--004 ******78.75 ******78.75

MUNICIPIO DE CUBA - MUN. JOVELLANOS

SUBJECT:

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

FROM:

Name (Printed or typed)

444 SW 64 CT Address

MIAMI, FLORIDA 33144 City, State & Zip

305-447-8866 Daytime Telephone number

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

SECRETARY OF STATENS
DIVISION OF CORPORATIONS
02 HAY -8 PM 5: 46





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 1, 2002

MIRIAM E. QUIROS 444 SW 64TH CT. MIAMI, FL 33144

SUBJECT: MUNICIPIO DE CUBA - MUN.JOVELLANOS

Ref. Number: W02000012370

We have received your document for MUNICIPIO DE CUBA - MUN.JOVELLANOS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1). Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Document Specialist New Filing Section

Letter Number: 802A00026780

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)



ARTICLE I NAME

The name of the corporation shal be:

MUNICIPIO DE CUBA - MUN. JOVELLANOS INC.

ARTICLE II PRINCIPAL OFFICE

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

444 SW 64 CT. MIAMI, FL, 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To organize, form and establish social and cultural development to civic fraternal Institutions nationwide and abroad.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
The Officers shall be elected once every year precisely at the regular meeting in the month of July. Those officers elected or re-elected will be inaugurated and will take the oath of office in the same session they were elected, and shall hold office until their succesors have been elected and qualified.

ARTICLE V INITIAL DIRECTORS/ OFFICERS

The name and addresses:

MIRIAM E. QUIROS ..444 SW 64 CT. MIAMI, FL. 33144 GARDENIA ARTEAGA..6825 WEST FLAGLER ST # 209 MIAMI. FL 33144

JOSE M. GOMEZ 819 AVENIDA HERMOSA. W.P.B. fl 33405

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

GARDENIA ARTEAGA. 6825 WEST FLAGLER ST # 209 MIAMI, FLORIDA 33144

ARTICLE VII INCORPORATOR

The name and address of Incorporator is:

MIRIAM E. QUIROS..444 SW 64 CT..MIAMI, FL. 33144

Having been named as registered agent 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.

April 13 / 2002

Signature/ Registered Agent (Gardenia Arteaga)

Date

April 13 / 2002

April 13 / 2002

Date

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the pprovisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1.- The name of the corporation is:

MUNICIPIO DE CUBA - MUN. JOVELLANOS

2.- The name and address of the registered agent and office is:

GARDENIA ARTEAGA 6825 W. FLAGLER ST # 209

MIAMI, FLORIDA 33144

SIGNATURE/

CORPORATE OFFICER)

TITLE

DATE

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

DATE

REGISTERED AGENT FILING FEE: \$ 35.00