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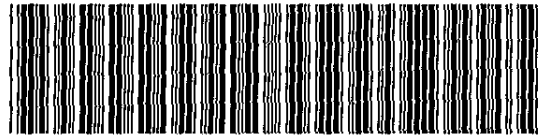
(Business Entity Name)

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

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LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PENSION EDUCATION & ASSISTANCE PROGRAM,
(Corporation Name) (Document #)
2. FNC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
03 JUL 22 PM 2:50

**ARTICLES OF INCORPORATION
FOR
PENSION EDUCATION & ASSISTANCE PROGRAM, INC.**

The undersigned, acting as incorporator of corporation pursuant to chapter 617, Florida Statutes, adopts the following Articles of incorporation:

ARTICLE I NAME

The name of the corporation shall be:

PENSION EDUCATION & ASSISTANCE PROGRAM, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and mailing address of this corporation is:

3850 S.W. 87th Avenue, Suite 203
Miami, Florida 33165

ARTICLE III PURPOSES

This corporation shall provide counseling, assistance and information to individuals in South Florida who have questions or problems with their pensions;

Increase older, minorities, women, low income individuals' awareness of their eligibility, benefits and rights under public and private pension plans;

Counsel, educate and assist older workers, retirees and the community about different types of pension and retirement income as well as issues affecting eligibility;

Identify recurring problems faced by low-income workers in obtaining adequate pensions;

Target outreach to low-income, minorities and women employees and retirees;

Any and all legal purposes.

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS

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

By majority vote of the existing Board of Directors.

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided under section 617.0302, Florida statutes, unless limited as follows:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

VICTOR M. SUAREZ, ESQUIRE
3850 S.W. 87TH AVENUE
SUITE 203
MIAMI, FLORIDA 33165

ARTICLE VII DIRECTORS NAME AND ADDRESS

EDUARDO FERMOSELLE
VICTOR M. SUAREZ, ESQ.
LEONARDO VIOTA, ESQ.
ALL AT:
3850 S.W. 87TH AVENUE
SUITE 203
MIAMI, FLORIDA 33165

ARTICLE VIII INCORPORATOR

The name and street address of the incorporator for these Articles of Incorporation is: —

VICTOR M. SUAREZ, ESQ.
3850 S.W. 87TH AVENUE
SUITE 203
MIAMI, FLORIDA 33165

The undersigned incorporator has executed these Articles of Incorporation this 18th day of August, 2003.


VICTOR M. SUAREZ, ESQUIRE

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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.

THE NAME OF THE CORPORATION IS:

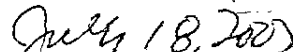
PENSION EDUCATION & ASSISTANCE PROGRAM, INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

VICTOR M. SUAREZ, ESQ.
3850 S.W. 87TH AVENUE
SUITE 203
MIAMI, FLORIDA 33165

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.


VICTOR M. SUAREZ, ESQUIRE


July 18, 2003

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TALLAHASSEE, FLORIDA
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