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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA NON-PROFIT CORPORATION

WYNWOOD CHARITABLE ORGANIZATION CORP.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE TALLAHASSEF, FI ORIDA

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December 12, 2003

FAS-T CORP. AGENTS, INC.

SUBJECT: WYNWOOD CHARITABLE ORGANIZATION CORP.

REF: W03000037751

We have received your document for WYNWOOD CHARITABLE ORGANIZATION CORP. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one of you can be listed as the registered agent. Please re-fax a corrected set of articles.

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 Filings Section FAX Aud. #: E03000334407 Letter Number: 703A00066865

ARTICLES OF INCORPORATION

WYNWOOD CHARITABLE ORGANIZATION, THE

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 Corporation:

ARTICLE I NAME

The name of the corporation shall be:

Wynwood Charitable Organization, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of husiness and mailing address of this corporation shall be:
162 N.W. 29 Street
Miami, FI 33127

ARTICLE III PURPOSE(S)

Wynwood Charitable Organization is organized and operated exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986.

No part of the net earnings of Wynwood Charitable Organization shall inure to the benefit of, or be distributable to, its members, trustees, directors, officers or other private persons, except that Wynwood Charitable Organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of section 501(e)(3) purposes. No substantial part of the activities of Wynwood Charitable Organization shall be the carrying on of propaganda or otherwise attempting to influence legislation, and Wynwood Charitable Organization shall not participate in or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office.

Notwithstanding any other provision of these articles, Wynwood Charitable Organization shall not earry on any other activities not permitted to be carried on by a Corporation exempt from Federal income tax under section 501 (c)(3) of the Internal Revenue Code of 1986.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

Vice President and Treasurer: Jose M. Cruz-Peraza

ARTICLE VI DISSOLUTION

Upon dissolution of Wynwood Charitable Organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (e)(3) of the Internal Revenue code or shall be distributed to Federal, State or Local Government for a public purpose.

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ARTICLE VII GOVERNING BODY

The following individuals are shall be members of the governing body:

Miguel A. Cruz-Peraza

162 NW 29 Street Miami, FL 33127

Alberto G. del Valle 7741 SW 93 Avenue Miami, FL 33173 Jose M. Cruz-Peraza 162 NW 29 Street Miami, FL 33127

Javier Concepcion 2641 SW 92 Court Miami, FL 33165

ARTICLE VIII INCORPORATOR

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

Jose M. Cruz-Peraza 162 N.W. 29 Street Miami, FL 33127 (305) 798-7212

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 art 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/Lacy(porator

Date

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