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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**DORIS M & RUBY T FOUNDATION, INC.**

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 11, 2004

FAS-T CORP. AGENTS, INC.

SUBJECT: DORIS M & RUBY T FOUNDATION, INC.
REF: W04000017992

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DORIS M & RUBY T FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

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

153 NE 97 STREET
Miami Shores, Fl 33138

ARTICLE III PURPOSE(S)

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

To provide educational, social and public safety services.

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS

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

All directors will be elected for a period of three years.

Owen Troy III President
153 NE 97 STREET
Miami Shores, Fl 33138

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Owen Troy III
153 NE 97 Street
Miami Shores, Florida 33138

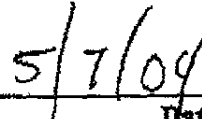
ARTICLE VI INCORPORATOR

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

Owen Troy III
153 NE 97 Street
Miami Shores, Florida 33138



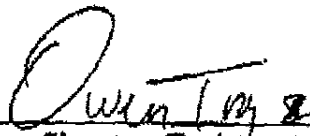
Signature/Incorporator



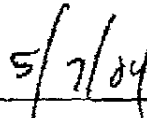
Date

(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

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