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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

UNIVERSAL LIGHT OF THE BLIND, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for E.E. FLORIDA. Profit Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

UNIVERSAL LIGHT OF THE BLIND, INC.

### ARTICLE II PRINCIPAL OFFICE

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

1528 NW 3rd St. # 12, Miami, FL 33125

### ARTICLE III PURPOSE (S)

To form a non-profit organization with people with physical impediments that will be realized in cultural, labor and sport areas. As small entrepreneurs, finance projects for these people, humanizarian principles to reach the full satisfaction of the human needs to improve the quality of life of the children and civil citizens.

#### ARTICLE IV MANNER OF ELECTION OF DIRECTORS:

A GENERAL MEETING OF ALL THE MEMBERS SHALL BE HELD TO ELECT THE OFFICERS AND THE BOARD OF DIRECTORS OF THE ORGANIZATION AT IT'S FIRST ANNUAL MEETING. THE VOTE SHALL BE HELD AT A PLACE AND TIME AGREEABLE TO THE FOUNDERS.

#### ARTICLE VINITIAL REGISTERED AGENT AND STREET ADDRESS

The street address of the initial registered office of the corporation shall be:

Victor Manuel Ariza President 1528 NW 3<sup>rd</sup> St. # 12 Mismi, FL 33125

### ARTICLE VI INCORPORATORS

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

Victor Manuel Ariza President 1528 NW 3<sup>rd</sup> St. # 12 Miami, FL 33125

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ALLAHASSTE. FLORIDA

Signature Incorporator

Date

06/07/04

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

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