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CORPORATION NAME(S) & DOCUMENT NUM	
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#### ARTICLES OF INCORPORATION

FOR

The undersigned acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

## **ARTICLE I NAME:**

The name of the corporation shall be:

ALIANZA CONSTITUCTONAL CUBANA 1940,

#### ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

50205.W., 92 AVE. MIAMI. Fl 33165

## **ARTICLE III PURPOSE (S)**

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

FROM CUBA AND EXILE TO RESTORE DEMOCRACY IN CUBA BASE ON THE 1940 CUBAN CONSTITUTION.

## **ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:**

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

BY THE BYLAWS

#### ARTICLE V LIMITATION OF CORPORATE POWERS

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

#### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

PHILIP FONTANILLS 5020S.W., 92 AVE. MIAMI. Fl 33165

# ARTICLE VII DIRECTORS (must have the minimum of three directors): NAME AND

PHILIP FONTANILLS 50205.W., 92 AVE. MIANI, FO 33165

(VP) GEORGE DEL SOL

(S) ANTONIO NARANTO

(D) SERGIO COMOGLIO

92 AVE. MIANI FA. 33165

ARTICLE VIII INCORPORATOR

The name and street address of the incorporator for these Article of Incorporator is: PHILIP FONTANILLS

5020 S.W., 92 AVE. MIAMI. FL 33/65

The undersigned incorporator has executed these Articles of Incorporation this 1 day of 004.

# 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:

ALIANZA CONSTITUCIONAL CUBANA 1940 CORP.
(must includes suffix)

The name and address of the registered agent and office is:

PHILL FONTANILLS

(name)

SECRETARY OF STATE

(P.O. Box or Mail Drop Box NOT Acceptable)

OHOLL FONTANILLS

OHOLL FONTAN

MIAM). FL 33165 (City/State/Zip)

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 appointed 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 of Registered Agent

10 - 14-04 Date