

Division of Corporations

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NO4000010275

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

EFFECTIVE DATE
01-01-05

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : 119990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

This organization will start operating on January 15, 2002

FLORIDA NON-PROFIT CORPORATION

M.V.P. FUNDATION, CORP.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

OF

M.V.P. FOUNDATION, CORP.

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 this corporation shall be:

M.V.P. FOUNDATION, CORP.

EFFECTIVE DATE
01-01-05

ARTICLE II

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

The principal address shall be:

450 N ROYAL POINCIANA BLVD APT C-5
MIAMI SPRING, FL 33166

The mailing address shall be:

P.O. BOX 661184
MIAMI, FL. 33266

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ARTICLE III PURPOSE(S)

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

CHARITY

YOHIMA DEL CORRAL
4080 SW 84 AV
MIAMI, FL 33155
305-4859300

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

Pursuant to the provisions of sections 607.0501 or 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.

1. The Name of the corporation is:

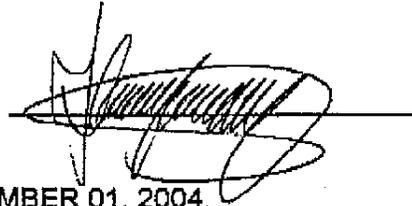
M.V.P. FUNDATION, CORP.

2. The Name and Address of the registered agent and office is

**CARMEN MEJIA
450 N ROYAL POINCIANA BLVD APT C-5
MIAMI SPRING, FL 33166**

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. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



Dated: NOVEMBER 01, 2004.

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