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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 NOV -3 AM 11:30

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FLORIDA PROFIT/NON PROFIT CORPORATION

PROJECT INDEPENDENCE INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION
(In Compliance with Chapter 617, F.S., (Not for Profit))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PROJECT INDEPENDENCE INC.

ARTICLE II PRINCIPAL OFFICE

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

14601 S.W. 48TH ST.
MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EDUCATIONAL AND LEISURE ACTIVITIES FOR COGNITIVELY IMPAIRED
INDIVIDUALS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

THE MANNER OF ELECTION IS GOING TO BE STATED IN THE BYLAWS OF
THE CORPORATION

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

ALBERTO JOSE ESPINOSA 85 SW 30 AVE MIAMI, FL 33135
SILVIA ESPINOSA 85 SW 30 AVE MIAMI, FL 33135
ALBERTO ANTONIO ESPINOSA 85 SW 30 AVE MIAMI, FL 33135

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


ALBERTO ANTONIO ESPINOSA 14601 SW 48TH ST. MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALBERTO ANTONIO ESPINOSA 14601 SW 48TH ST. MIAMI, FL 33175


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

11/3/06

Date



Signature/Incorporator

11/3/06

Date