

NO700005650

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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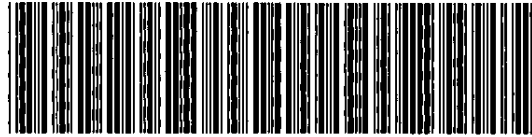
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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ECFS

EXPRESS CORPORATE FILING SERVICE, INC  
1000 PONCE DE LEON BLVD., STE: 101  
CORAL GABLES, FL 33134  
PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MEDICINAS SIN FRONTERAS INTL ORG CORP.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be:

MEDICINAS SIN FRONTERAS INTL ORG CORP.

**ARTICLE II    PRINCIPAL OFFICE**

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

2315 NW 107TH AVE - SUITE: 1M29  
DORAL FL 33172

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

TO SEND DONATIONS, AS WELL AS, MEDICAL EQUIPMENTS, & MEDICINE TO DIFFERENT  
AREAS IN CENTRAL AMERICA.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

BY MINUTES AND BYLAWS

**ARTICLE V    INITIAL DIRECTORS AND/OR OFFICERS**

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

BARBARA CHAVEZ - PRESIDENT  
JORGE MIRABAL - VICE-PRESIDENT  
2315 NW 107TH AVE - SUITE: 1M29  
DORAL FL 33172

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

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

BARBARA CHAVEZ  
2315 NW 107TH AVE - SUITE: 1M29  
DORAL FL 33172


**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

BARBARA CHAVEZ & JORGE MIRABAL  
2315 NW 107TH AVE - SUITE: 1M29  
DORAL FL 33172


\*\*\*\*\*

*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

JUNE 5TH 2007

Date

  
\_\_\_\_\_  
Signature/Incorporator

JUNE 5TH 2007

Date

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