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DED ON

1/28/2010 3:45 PM

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ARTICLES OF INCORPORATION

617, Florida Statutes, adopt(s) the following Articles of Incorporation:

CAREGIVERS International Foundation INC
The undersigned, acting as incorporator(s) of a corporation pursuant to chapter

ARTICLE I NAME:

The name of the corporation shall be: CAREGIVERS International Foundation INC

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

8360 W. FLAGLER ST. Suite #100 MAMI FL 33144 TILED.

2010 JAN 28 A 10 24

SECRETARY OF STATE A
SECRETARY OF STATE A

ARTICLE III PURPOSE (S)

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

NON PROFIT ACTIVITY VICTIMS OF TUNDRAISING WILL BE HELD FOR NATURAL DISASTERS POOR CHILDREN IN OUR COMMUNITY AND ABROAD.

SPECIAL EVENTS FOR THE ELDERLY & POOR Children.

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

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

MUTUAL AGREEMENT By the bylaus

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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

RAUL ISUST 400 NW 56 AM MIGALL / FR. 33126

ARTICLE VII DIRECTORS (makes have the technique of three directors); NAME AND . . ADDRESS

PLES RAUL ISUSI 400 NW 56 AVE. MIGMI, FL. 33126

VP Delia M. FORMOSO 150 ISLA DORADA GARL GARLA RESOLY?

SEL Magnolia Perez ISUSI 400 NW 56 AVE. MIRMI, FL. 35126

8360 W. FLASION ST.

SUITE 100

MIAMI, FL 33144

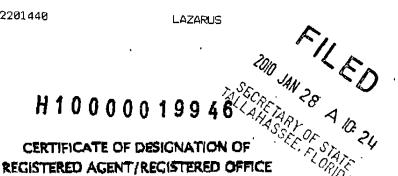
ARTICLE VIII INCORPORATOR

The name and street address of the incorporator for these Article of Incorporator is: RAUL ISUST400 NW S6 AUR.

MIAMY; \$1. 3312C

The undersigned incorporator has executed these Articles of incorporation this ZZ day of Towney, 2010

Signeture



PURSUANT TO THE PROVISIONS OF SECTION 617,0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDAL SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERERD AGENT, IN THE STATE OF FLORIDAL

The name of the corporation is:

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

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

(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 Jam familiar with and accept the obligations of my position as registered

Mature of Registered Agent