

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI VETERANS ASSOCIATION, INC

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SECRETARY OF STATE OIVISION OF CORPORATION

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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:

MIAMI VETERANS ASSOCIATION, INC

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

22825 SOUTH DIXIE HWY MI:AMI FC 33187

ARTICLE III PURPOSE (S)

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

TO help veterans with

Job cearching, Food, FURNITURE,

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

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

by The bylans

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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

Aniel FERNANDEZ 14501 SW 1/2CT miami PEL 33032

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

Pedro Alvarez - President Aniel Fernandez - V. President Peniel Nodanse - Treasurer

ARTICLE VIII INCORPORATOR

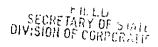
The name and street address of the incorporator for these Article of Incorporator is:

Harot FERNANDOS 14501 SW 112 CT WIRMI FI 33032

The undersigned incorporator has executed these Articles of Incorporation this 21/day of MANON, 201.0

Signature

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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/REGISTERERD AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

Miami Veterans Associations
(must includes suffix)

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

MINIET FENNANGES
(name)

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

4501 SW 112 CT

Mimi 101 33032

(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

Signature of Registered Agent

3/24/10 Date