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Account Number : I20100000067 Phone ; (305)856-6626 Fax Number : (305)856-6628

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## FLORIDA PROFIT/NON PROFIT CORPORATION ESPLENDOR FOUNDATION INC.

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## ARTICLES OF INCORPORATION

((H:10:049125 p. 2043))

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I	NAME Esplendor Foundat	lon Inc	
The name of the	corporation shall be:	1011 1110.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
	17940 NW 63 Court		desirent, it direction is,
	Mlami. FL. 33015		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
	of the foundation is a non-profit effort of p	providing basic food, shelter, and m	adical attention to the less
fortunate. Als	o, providing a spiritual guidance for child oal is to provide spiritual enlightenment to	ren and families of low income hous	seholds. Furthermore, the
ARTICLE IV	MANNER OF ELECTION The manne	er in which the directors are elected and ag	pointed:
Elections ar	e held every 1st day of January by	the members of the foundation	· 1
ARTICLE V	INITIAL OFFICERS AND/OR DIREC		•
Name and	Title: Angela Suarez, President	Name and Title:	
Address:	17940 NW 63 Court	Address:	
	Mlami, FL. 33015		
Name and	Title:	Name and Title:	
Address:		Address:	
		·	
Name and	Title:	Name and Title:	
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		JL GRE P
The name and F	lorida street address (P.O. Box NOT acceptable	e) of the registered spent in	<b>5</b> 151
Name:	Angela Suarez, President	of the registered agent is.	<b>** ** ** ** ** ** ** **</b>
Address:	17940 NW 63 Court		¥ <u>55</u> .
	Miami, FL 33015		30 SERVICE
			닭그만
ARTICLE VII	THOO BROW A WORK		PH 12:
	INCORPORATOR ddress of the Incorporator is:		<b>5</b>
Name:	Angela Suarez, President		
Address:	17940 NW 63 Court	<del></del>	<b>†2</b>
11001000	Mlami, FL. 33015	<del></del>	
Having been na	med as registered agent to accept service of p	process for the above stated corporation	at the place designated in this
cerujicate, i am j	familiar with and accept the appointment as reg	istered agent and agree to act in this cap	acity
~ <del>,</del>	4		//.
	<u> </u>		11/30/10
	Required Signature of Registered Age	ent	/ Date
l submit this don	ument and affirm that the facts stated herein a	tra true. I am mume that any false before	mation submitted in a document
to the Departmen	it of State constitutes a third degree felony as p	rovided for in \$817.155. F.S.	A A A
	1 <u>8</u> 1		/ /
· •	178		11/30/10
<del></del>	Required Signature of Incorpor	ator	Date
	T HEN ! I'M I'M THE TOTAL OF THE PARTY		

((( H100002569043)))