" N 11000010403

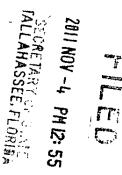
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Consistent at Street						
Special Instructions to Filing Officer:						
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Office Use Only



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1 States NOV 0 7 2011

ARTICLES OF INCORPORATION

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

ARTICLE I	NAME reporation shall be: FRIENDS OF M	USIC FIU.	INC.		
The name of the cor	poration shall be: FKIENVS	,			
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address		Mailing addre	ess, if different is:	
	10910 SW 175T #141		14520 SW		
	MIAMI, FL 33199		MIAMI, FL	33/77	
ARTICLE III	PURPOSE				
		pposE is t	o raise Mone,	y for scholar	s hips
1 4 CIII 67	tich the corporation is organized is: Our put tudents and raise awareness events that are available	is in the c	ommunity of	the wonderful	/
for Plu Si	and that are available	. to them			
MUSICAL	events that are available				
ARTICLE IV	MANNED OF ELECTION The manner in	which the directors	are elected and annoing	ted:	
ARTICLE IV	MANNER OF ELECTION The manner in Every two years the office ent and voting.	ens will be s	elected by the	majority of be	oard menh
prese	ent and voting.				
Nome and Tit	INITIAL OFFICERS AND/OR DIRECTO				
Address:	15272-G SW 46 TLANE	Address:			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MIAMI, FL 3.3185	_			
		_			
Name and Tit	tle: MALIOA BRUCE SERETARY/TR	EASURER Title	•		
Address:	14520 SW 159 ST	Address:	·		
-	MIAMI, FL 33177	<u>-</u> -			
			· · · · · · · · · · · · · · · · · · ·		.
Nome and Tie	tle: A State of the state of th	Name and Title	£ 1, "		
Address: "	ue:		The service of the se	Since the contract of	
					
				£2	
ARTICLE VI	REGISTERED AGENT			A 28 N	
	rida street address (P.O. Box NOT acceptable) o	of the registered ager	nt is:	NOV AHA	77)
Name:	MALINDA BRUCE	_		SS 1	AND REAL PROPERTY.
Address:	14520 SW 159 ST	-		EE -	;
	MIAMI, FL 33177			PH.	(Ty
		_			politicana p
ARTICLE VII	INCORPORATOR			<u> </u>	Merini I.
				≫ G	
Name:	ress of the Incorporator is: MALINDA BRUCE 14520 SW 159 S7 MIANI, FL 33177				
Address:	14520 SW 159 ST	<u>. </u>			
	MIANI, FL 33177	- · ;			
		_			
	ed as registered agent to accept service of proc				this
certificate, I am Jan	niliar with and accept the appointment as registe	red agent and agree	e to act in this capacity		
	4/11/9			1 0011	
	Required Signature of Registered Agent		//-	- / - 20//	
	/ Required Signature of Registered Agent			Date	
I submit this docun	nent and affirm that the facts stated herein are t	rue. I am aware th	at any false informatio	n submitted in a docu	ment
	of State constitutes a third degree felony as provid				
			-	, ,	
	Maluela Suuse Required Signature of Incorporator		·	/-/-2011 Date	
	/ Required Signature of Incorporator)	•	Date	