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**FLORIDA PROFIT/NON PROFIT CORPORATION
INDEPENDENT COMMUNITY ASSISTANCE, INC.**

Certificate of Status	0
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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:

INDEPENDENT COMMUNITY ASSISTANCE, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

7175 SW 8 ST. SUITE 210
Miami FL 33144

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ARTICLE III PURPOSE (S)

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

THIS NON-PROFIT ORGANIZATION will help the community - poor people, giving food, clothes, shoes, etc. ALSO is going to provide a place to live for some people and is going to help to repair their houses.

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

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

By The by-LAWS

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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

ELIA AMADOR
7175 SW 8 ST. SUITE 210
MIAMI FL 33144

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

ELIA AMADOR (PRESIDENT)
7175 SW 8 ST. SUITE 210
MIAMI FL 33144

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ARTICLE VIII INCORPORATOR

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

7175 SW 8 ST. SUITE 210
MIAMI FL 33144

The undersigned incorporator has executed these Articles of Incorporation this 29 day of NOV, 2011



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/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

INDEPENDENT COMMUNITY ASSISTANCE, INC.
(must include suffix)

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

ELIA AMADOR
(name)

7175 SW 8 ST Suite 210
(P.O. Box or Mail Drop Box NOT Acceptable)

Miami FL 33144
(City/State/Zip)

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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 agent.



Signature of Registered Agent

11-29-11

Date

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