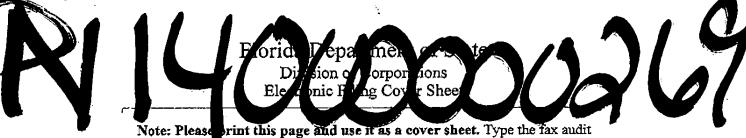
JHR 09-2014 THO 03:17 PM BILZIN SUMBERG Division of Corporations

FAX:3053747593

P.002

Page 1 of 1



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD\_LLI

Account Number : 075350000132

Phone : (305)374-7580 Fax Number

: (305)351-2122

| **Ent | er  | the  | email . | address | for | this  | busin | ess | entity | to  | be  | used  | for  | future |
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## FLORIDA PROFIT/NON PROFIT CORPORATION BELIEVE TICKET PROJECT, INC.

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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Fax Server

January 9, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE

X

X X,

SUBJECT: BELIEVE TICKET PROJECT, INC.

REF: W14000001774

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section FAX Aud. #: H14000005508 Letter Number: 214A00000622

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SECRETARILE SALE



· H14

Address

| .400000550≀<br><b>≇</b> | ARTICLES In compliance with                             | OF INCORPORATION Chapter 617, F.S., (Not for Profit)   |              |
|-------------------------|---|--|--------------|
| ARTICLE I               | NAME the corporation shall be: BELIEVE TIC              | KET PROJECT, INC.  |              |
| ARTICLE II              |   |  |              |
| 249                     | Principal <u>street</u> address:<br>950 SW 152nd Avenue | Mailing address, if different is:  | •            |
| Ho                      | mestead, FL 33032                                       |  | <del> </del> |
|                         | for which the corporation is organized is:              | otional or physical needs or from underprivileged  | families,    |
| their wish              | to attend a concert and/or meet the p                   | performer of their dreams. To carry on such other a  | ctivities    |
| in furthera             | nce of the foregoing purposes as are                    | lawful and proper for corporations formed under the  | Florida      |
| Not for Pro             | ofit Corporation Act and are exempt fr                  | om federal income tax under section 501(c)(3) of the   | Code.        |
| ARTICLE I               |   | anner in which the directors are elected and appointed: tors shall be as set forth in the Bylaws of the Corporation. | A% .         |
| ARTICLE                 | V INITIAL OFFICERS AND/OR DD                            | RECTORS  |              |
| Name and Tit            | le: Emily A. Rivero, President & Secretary              | Name and Title:  |              |
| Address                 | 24950 SW 152nd Avenue                                   | Address:   |              |
|                         | Homestead, FL 33032                                     |  |              |
|                         |   |  |              |
| Name and Tit            | Diane Zmirich, Director & Vice President                | Name and Title:  |              |
| Address                 | 20 Tara Drive   | Address:   | •            |
|                         | Mount Laurel, NJ 08054                                  |  |              |
| Name and Tit            |   | Name and Title:  |              |

3501 N. Campus Apt. B208 Address:

Garden City, KS 67846

FAX:3053747593

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\* .

| Name and Title:  Address  Address:  Name and Title:  Name and Title:  Address:  Vivian Rivero  Address:  Address:  Address:  Address:  Vivian Rivero  Address:  Addres |                  |  |  |  |  |  |  |
|--|------------------|--|--|--|--|--|--|
| Name and Title:  Address  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Name:  Vivian Rivero  24950 SW 152nd Avenue  Homestead, FL 33032   ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  Name:  Vivian Rivero  24950 SW 152 Avenue  Homestead, FL 33032  Article VII INCORPORATOR The name and address of the Incorporator is:  Name:  Address:  Vivian Rivero  24950 SW 152 Avenue  Homestead, FL 33032  Having been named as registered agent to accept service of process for the above stated corporation at the place descertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  |                  |  |  |  |  |  |  |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Vivian Rivero  Address: 24950 SW 152nd Avenue Homestead, FL 33032  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  Name: Vivian Rivero  Address: 24950 SW 152 Avenue Homestead, FL 33032  Having been named as registered agent to accept service of process for the above stated corporation at the place descertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity   |                  |  |  |  |  |  |  |
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| certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity   |                  |  |  |  |  |  |  |
| certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity   |                  |  |  |  |  |  |  |
|  | signated in this |  |  |  |  |  |  |
| 17/11/1  |                  |  |  |  |  |  |  |
|  |                  |  |  |  |  |  |  |
| Required Signature of Registered Agent Date  |                  |  |  |  |  |  |  |
| I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.   | in a document    |  |  |  |  |  |  |
| 1/7/14   |                  |  |  |  |  |  |  |
| Required Signature of Incorporator Date  | <del></del>      |  |  |  |  |  |  |