

07/08/2032 10:17

H14000201932 P.001

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FLORIDA DEPARTMENT OF REVENUE
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION INSTITUTO DUARTEANO DE LA FLORIDA INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: INSTITUTO DUARTEANO DE LA FLORIDA
INC.

ARTICLE II PRINCIPAL OFFICEPrincipal street address:1924 NW 17 Ave.

Mailing address, if different is:

Miami FL 33125**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to help those less
fortunate by providing them with
access to housing, healthcare,
employment, nutrition and an
over all better lifestyle

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by
the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE ALVAREZ (P) Name and Title: _____

Address: 18315 NW 12 ST Address: _____
Pembroke Pines, FL
33029

Name and Title: Blanka Alvarez (VP) Name and Title: _____

Address: 18315 NW 12 ST Address: _____
Pembroke Pines, FL
33029

Name and Title: Stephanie Alvarez (VP) Name and Title: _____

Address: 18315 NW 12 ST Address: _____
Pembroke Pines FL
33029

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSE ALVAREZ
Address: 18315 NW 12 ST
Pembroke Pines FL
33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE ALVAREZ
Address: 1924 NW 17 ave
Miami FL 33125

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as registered agent to accept service of process for the above named corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.15, F.S.

Required Signature of Incorporator

Date

H14000201932