

Florida Department of State

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Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
INSTITUTO DE DESARROLLO INTEGRAL (INDI) CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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2/13/2015 3:04:14 PM PAGE 1/001 Fax Server



February 13, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE

SUBJECT: INSTITUTO DE DESARROLLO INTEGRAL (INDI) CORP
REF: W15000010897

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.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX Aud. #: H15000036933
Letter Number: 515A00003121

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Instituto de Desarrollo Integral CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

8009 NW 36 STSuite 211SAMEMiami, FL 33166**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To support the whole development of the
individual in the physical, emotional, and spiritual
areas,

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:By approval of board members**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Juan J. TAVIOPresidentAddress 104 SW 9th ST Address:Apt 807Miami, FL 33130Name and Title: Angel M. MATEOVice-presidentAddress 104 SW 9th ST Address:Apt 807Miami, FL 33130

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

CLERK OF STATE
TALLAHASSEE, FLORIDAFILED
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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

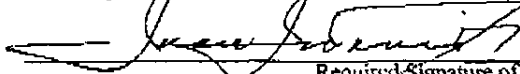
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Juan J. TAVIOAddress: 104 SW 9th ST, Apt. 807
Miami, FL 33130**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Juan J. TAVIOAddress: 104 SW 9th ST, Apt 807
Miami, FL 33130

Having been named as registered agent to accept service of process for the above stated 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 Agent02/12/2015
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.817.155, F.S.



Required Signature of Incorporator02/12/2015
Date

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