

MAR/04/2015/WED 11:25 AM

FAX 3

P.001/004

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
THE BEST MEMORIES FOR KIDS FOUNDATION INC**

Certificate of Status	0
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YMD 3/5

15 MAR -4 AM 8:38
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NOTARY PUBLIC

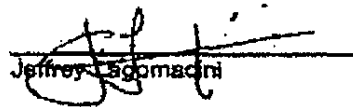
AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared Jeffrey Lagomacini who after being first duly sworn, under oath, deposes and says:

1. She undersigned is the sole President of THE BEST MEMORIES FOR KIDS FOUNDATION INC. a Florida corporation, filed with the Florida Department of State on July 19, 2012.
2. The undersigned hereby consents to and authorizes the use of the name THE BEST MEMORIES FOR KIDS FOUNDATION INC for the purpose of filing a new Non-Profit entity with the Department of State.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of revoking the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)


Jeffrey Lagomacini

PERSONALLY appeared before me, Jeffrey Lagomacini who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 27 day of February, 2015.

Notary Public -- Yanet Avila

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

ARTICLE I NAMEThe name of the corporation shall be: THE BEST MEMORIES FOR KIDS FOUNDATION INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

651 E 10 PL

Mailing address, if different is:

HIALEAH, FL 33010**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: help children diagnosed with multiple sclerosis (MS) and their families by sending them to summer camps or after-school camps in order to create a positive memory for these children.

ARTICLE IV MANNER OF ELECTIONThe manner in which the directors are elected and appointed: Vote**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JEFFREY LAGOMACINI(P/D)

Name and Title: _____

Address

651 E 10 PL

Address: _____

HIALEAH, FL 33010Name and Title: LISSETTE CINTADO(V/P)

Name and Title: _____

Address

651 E 10 PL

Address: _____

HIALEAH, FL 33010

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

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


Name: JEFFREY LAGOMACINI
Address: 651 E 10 PL
HIALEAH, FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEFFREY LAGOMACINI
Address: 651 E 10 PL
HIALEAH, FL 33010

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.

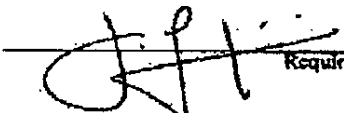


Required Signature of Registered Agent

02/17/2015

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.817.135, F.S.



Required Signature of Incorporator

02/17/2015

Date