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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CHRIST MIAMI CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ALMILCA L. TRISTA
Name (Printed or typed)

14246 SW 164 TERRACE
Address

MIAMI FL 33177
City, State & Zip

305.731.7457
Daytime Telephone number

LAZARO@CHRISTMIAMI.DRG
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

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ARTICLE I NAME

The name of the corporation shall be: CHRIST MIAMI CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

14246 SW 164 TERRACE

MIAMI FL 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: EXCLUSIVELY FOR CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX; FOR RELIEF OF THE POOR, HOMELESS, DISTRESSED OR UNDERPRIVILEGED.

DISSOLUTION: UPON DISSOLUTION OF THE CORPORATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED IN THE BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALMILA L TRISTA, PRESIDENT Name and Title: ALEX O NIETO, SECRETARY/DIRECTOR
DIRECTOR

Address: 14246 SW 164 TERRACE Address: 2311 NW 60 STREET
MIAMI FL 33177 MIAMI FL 33147

Name and Title: LESLIE A. TRISTA, VP/ Name and Title: _____
DIRECTOR

Address: 14246 SW 164 TERRACE Address: _____
MIAMI FL 33177

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

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: ALMILCA LAZARD TRISTA
Address: 14246 SW 164 TERRACE
MIAMI FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LESLIE A. TRISTA
Address: 14246 SW 164 TERRACE
MIAMI FL 33177

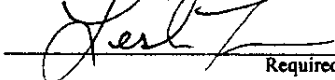
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

10/26/15
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 Incorporator

10/26/15
Date