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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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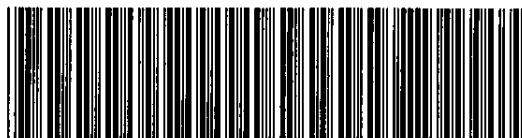
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN -4 2016

S. PRATHER

COVER LETTER

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

SUBJECT: CUBAONE FOUNDATION, INC.

(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: JIMENEZ LAW OFFICES, P.A.
Name (Printed or typed)

100 SE THIRD AVE, SUITE 1514
Address

FORT LAUDERDALE, FL 33394
City, State & Zip

(954) 848-3111
Daytime Telephone number

ANDREW@JIMENEZLAWOFFICES.COM
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)

ARTICLE I NAMEThe name of the corporation shall be: CUBAONE FOUNDATION, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:
C/O JIMENEZ LAW OFFICES, P.A.

Mailing address, if different is:

100 SE THIRD AVE, SUITE 1514FORT LAUDERDALE, FL 33394**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: CULTURAL EXCHANGE AND EDUCATIONAL PROGRAMMING,
AND FOR ANY AND ALL LAWFUL PURPOSES NOT FOR PECUNIARY PROFIT.**ARTICLE IV MANNER OF ELECTION**The manner in which the directors are elected and appointed: Stated in the Bylaws.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DANIEL JIMENEZ (O)Address: 1749 NE Miami Ct
Apt 315
Miami, FL 33132Name and Title: GIANCARLO SOPO (O)Address: 11605 SW 101 TERRACE
MIAMI, FL 33176Name and Title: CHERIE N. CANCIO (O)Address: 8332 COMMERCE WAY, APT 309
MIAMI LAKES, FL 33026Name and Title: ANDREW L. JIMENEZ (O)Address: C/O JIMENEZ LAW OFFICES, P.A.
100 SE THIRD AVE, SUITE 1514
FORT LAUDERDALE, FL 33394

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
ALABAMA

 Name and Title: _____
 Address: _____

 Name and Title: _____
 Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: JIMENEZ LAW OFFICES, P.A.
 Address: 100 SE THIRD AVE, SUITE 1514
FORT LAUDERDALE, FL 33394

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DANIEL JIMENEZ
 Address: 100 SE THIRD AVE, SUITE 1514
FORT LAUDERDALE, FL 33394

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

DocuSigned by:
Andrew L. Jimenez Andrew L. Jimenez Jimenez Law Offices, P.A.
 012D14DABD784F7 Required Signature of Registered Agent

12/21/2015

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.

DocuSigned by:
Daniel Jimenez Daniel Jimenez
 7D7C0E6658304A6 Required Signature of Incorporator

12/21/2015

Date

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 16 JAN -1 PM 5:07
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA