

N 160000009684

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**FLORIDA PROFIT/NON PROFIT CORPORATION
DINA CARRION FOUNDATION INC**

Certificate of Status	0
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OCT 3, 2016

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)**H 16000244253****ARTICLE I NAME**The name of the corporation shall be: DINA CARRION FOUNDATION INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is: _____

20375 SW 5TH STREETPembroke Pines, FL 33029

16 SEP 30 AM 9:19

ARTICLE III PURPOSE The purpose for which the corporation is organized is:

The purpose of the foundation is to provide psychological, emotional and social educational support for children and victims of domestic and family violence, especially the orphans whose mothers have been killed so that they can overcome the negative consequences of the misfortune lived, by developing comprehensive support plan to achieve self-improvement. Legal and emotional support is also being provided to family members whom have been in charge of these children for being collateral victims and survivors of domestic and family violence. To achieve this purpose the foundation will work nationally and internationally. _____

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: AIDA M. CARRION-VANEGAS (Director) (P) Name and Title: _____Address: 20375 SW 5TH STREET Address: _____Pembroke Pines, FL 33029Name and Title: AIDA L. GONZALEZ (Secretary) Name and Title: _____Address: 20375 SW 5TH STREET Address: _____Pembroke Pines, FL 33029Name and Title: OSCAR A. VANEGAS (T) Name and Title: _____Address: 20375 SW 5TH STREET Address: _____Pembroke Pines, FL 33029**H 16000244253**

Name and Title: _____ Name and Title: _____

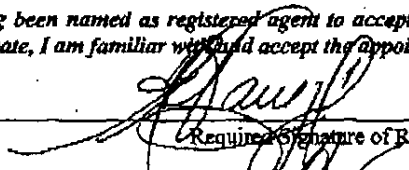
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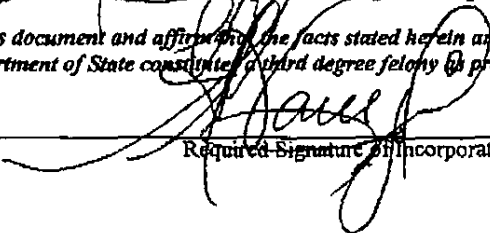
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: AIDA M. CARRION-VANEGASAddress: 20375 SW 5TH ST.Pembroke Pines, FL 33029**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: AIDA M. CARRION-VANEGASAddress: 20375 SW 5TH ST.Pembroke Pines, FL 33029

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_____
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_____
Date

H16000244253