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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION FUNDACION ADRIANA MOURA INC

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March 24, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: FUNDACION ADRIANA MOURA INC
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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000081144
Letter Number: 217A00005709

H17000081144

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

ARTICLE I NAMEThe name of the corporation shall be: FUNDACION ADRIANA MOURA Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address:
19610 NE 26 AVE MIAMI FL 33180Mailing address, if different is:
19610 NE 26 AVE MIAMI FL 33180**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of the organization is to help individuals learn professional and other skills in order to create financial independence and stability. Sewing, Arts and crafts will also be taught to individuals that can use those skills to financially survive and prosper.

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: Adriana Moura-President- Name and Title: _____Address 8454 NW 27th Street-Coopercity, Fl. Address: _____
33024Name and Title: Darlan Vilaca de Moura-Treasury- Name and Title: _____Address 8454 NW 27th Street-Coopercity, Fl. Address: _____
Zip 33024Name and Title: Adriana Moura-Secretary- Name and Title: _____Address 8454 NW 27th Street.coopercity, FL. Address: _____
ZIP# 33024

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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: MARIA SHEMESHAddress: 19610 NE 26 AVE. Miami, FL 33180**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Adriana MouraAddress: 8454 NW 27 Street Cooper City, FL 33024

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

Maria Shemesh
Required Signature of Registered Agent

03.23.2017
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.

Adriana Moura
Required Signature of Incorporator

03.23.2017
Date

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