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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

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REC
17 MAY 15 PM 4:43
DIVISION OF CORPORATIONS
TREASURY OF REVENUES

**FLORIDA PROFIT/NON PROFIT CORPORATION
LA CUBANA COMMUNITY SERVICES FOUNDATION CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

17 MAY 15 AM 8:46
TREASURY OF STATE
DIVISION OF CORPORATIONS
LA CUBANA COMMUNITY SERVICES FOUNDATION CORP
AFFIDAVIT
AND
FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be La Cubana Community services Foundation corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5937 SW 8th Street
Miami, FL 33144

Mailing address, if different is:

5965 SW 8th Street
Miami, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help people with low income.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By the laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARITZA VALDES (P)

Address: 5937 SW 8th St
Miami FL 33144

Name and Title: LIAGNYS GARCIA (VP)

Address: 5937 SW 8th St
Miami FL 33144

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

17 MAY 15 AM 8:46
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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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: Maritza Valdes
Address: 5937 SW 8th ST
Miami FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maritza Valdes
Address: 5937 SW 8th ST
Miami FL 33144

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

03/15/2017
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.

Required Signature of Incorporator

03/15/2017
Date

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