

JUL/07/2017/FRI 4:39 PM

FAX No.

P.001

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Florida Department of State  
Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MUJER ESTELAR FOUNDATION, INC.**

Certificate of Status	0
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FAX No.

P. 002

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

**ARTICLE I NAME**

The name of the corporation shall be: MUJER ESTELAR FOUNDATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

10016 NW 6 STREET

PEMBROKE PINES, FL 33024

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SEE ATTACHED

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Minutes & By-Laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Magaly E. Ferrer (P/S/D)

Name and Title: \_\_\_\_\_

Address

10016 NW 6 STREET

Address: \_\_\_\_\_

PEMBROKE PINES, FL 33024

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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#### Purpose of "Woman Stellar Foundation"

The purpose of the foundation is the implementation of programs of benefit, social and educational support to Latino or Spanish-speaking family groups residing in the United States, with emphasis on those with low economic resources. These programs are intended to support the well-being of the family, whether it be a father, mother and children, or single mothers, single parents, or couples of the same gender who are experiencing economic or emotional crisis situations, including Individual and / or Group on topics such as; Management of stress and anger, allowing them to achieve self-control and emotional independence, thus contributing to the reduction of cases of abuse in any form and / or domestic violence or gender as well as child abuse. It also envisages the realization of aid projects of humanitarian order in: food, health, clothing, furniture, school supplies, toys, among others. Provide legal, financial and health counseling by professionals in each of the areas described. Implement programs that allow beneficiaries to improve their quality of life in material terms through the implementation of programs that offer financing to small family business initiatives. The foundation will also have an educational task that aims not only to advise but to educate parents in values. Provide training and guidance to couples in the premarital stage as a way to reduce the rate of divorce. Educate and advise adolescents and young people for the prevention of precocious pregnancy and sexually transmitted diseases. Train professionals who can act as monitors of support groups and family counselors prepared to guide, inform, and help emotionally healthy people experiencing difficulties and seeking guidance in community support centers created for this purpose. Educate people in trades that allow them to access the labor market according to their gifts, talents or skills. And help them to enter the labor market or start professional activities in their own way. As well as any other activity that is of benefit and benefit to the family group.

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P. 004

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: MAGALY E. FERRER

Address: 10016 NW 6 STREET

PEMBROKE PINES, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MAGALY E. FERRER

Address: 10016 NW 6 STREET

PEMBROKE PINES, FL 33024

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

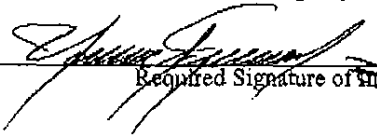


Required Signature of Registered Agent

JULY 5, 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

JULY 5, 2017

Date