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FLORIDA PROFIT/NON PROFIT CORPORATION **EUERTO RICO HURRICANE RELIEF FOUNDATION CORP**

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ARTICLES OF INCORPORATION

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

H17000254705

ARTICLE I NAME

The name of the corporation shall be: Puerto Rico Hurricane Relief Foundation CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3052201440

Mailing address, if different is:

9335 Balada Street

6619 South Dixie Highway, #140

Coral Gables, FL 33156

Miami, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide relief to the survivors of Hurricane Maria after the widespread damage caused to the island of Puerto Rico in the form of emergency supplies such as: food; water, and medicine. Additionally provide long-term recovery assistance to help residents recover and rebuild.

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:	Laura Posada / President	Name and Title	: Natalia Ferrer / Secretary		
Address -	9335 Balada Street	Address:	10551/SW 122 Court		
	Coral Gables, FL 33156		Miami, FL 33186		
Name and Title: M	daritza de Quesada / Director	Name and Title			
Address 3	268 Allamanda Street	Address:		6 11 1 7 TA	
<u> </u>	Miami, FL 33133				
Name and Title:				17:	
		Name and Title:	工作	SEP	~~ !
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ARTICLE VI	P. P. C.			
The name and F	REGISTERED AGENT orida street address (P.O. Box NOT a	cceptable) of the registered	dagent is:	
Name:	Valentin Lopez c/o Lopez & Partner			:
vAddress:	2600 Douglas Road, Suite 811			
	Coral Gables, FL 33134		·	
ARTICLE VII The <u>name:aad ad</u>	.INCORPORATOR. dress of the Incorporator is:			
Name:	Laura Posada			
. Address;	9335.Balada Street			
	Coral Gables, FL 33156			
Taving been name ertificate. I am fo	ed as registered agent to accept scrolle	of process for the above si	ated corporation at the place desig	nated in this
	miliar ratificand according the appainment	gas registered agent and a	gree to act in this capacity	
	Required Signature of Registere	d Agent	9-27-1 Date	<u> </u>
submit this docum ocument to the De	nent and diffirm that the facts stated he epartment of State consequence a third de	rein are true. I am aware egree felony as provided fo	that any false information submitte or in s.817.155, F.S.	ed in a
·	Jour Posake		0270	-7
	Required Signature of Incor	pozator	Date	<u>Z</u>