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**FLORIDA PROFIT/NON PROFIT CORPORATION
FLY YOUR FLAG, INC.**

Certificate of Status	0
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D O'KEEFE
OCT 21 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Fly Your Flag, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address:
1680 Michigan Ave Suite 700Mailing address, if different is:
1680 Michigan Ave Suite 700

Miami Beach FL 33139

Miami Beach FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Not for Profit purpose of addressing the social and economic well being of the LGBT community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Member Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge Banos, President

Name and Title: _____

Address 8220 Coral Way

Address: _____

Miami FL 33155

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jorge Banos
Address: 8220 Coral Way
Miami FL 33155

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Jorge Banos
Address: 8220 Coral Way
Miami FL 33155

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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

10/18/19
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

10/18/19
Date