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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
LA FUERZA DEL PUEBLO, INC**

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: LA FUERZA DEL PUEBLO, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:3084 NW 7th Street
MIAMI FL 33125

Mailing address, if different is:

P.O. Box 350784
MIAMI FL 33135**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Political Activities Reference to
Dominican Republic for Support of
DR. LEONEL FERNANDEZ President Candidate.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:By THE BY LAWS**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: TOMAS PENA / President Name and Title: _____Address 3084 NW 7th Street Address: _____MIAMI FL 33125

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 OCT 21 PM 12:18

FILED

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:

TOMAS PENNA

Address:

3084 NW 7th Street
Miami FL 33125**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

Tomas Pena

Address:

3084 NW 7th Street
Miami, FL. 33125FILED
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TALLAHASSEE, FLORIDA

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_____
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_____
Date