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FLORIDA PROFIT/NON PROFIT CORPORATION

Partido del Compromiso Cuba Inc

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

DEPARTMENT OF REVENUE
CORPORATIONS
DIVISION OF COMMERCIAL
SERVICES

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1/9/20

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PARTIDO DEL COMPROMISO CUBA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:200 NW 55 ST
Ste 513
MIAMI FL 33127

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CUBAN POLITICAL PARTY**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: FRANCISCO GARCIA MARTINEZ (P)Name and Title: JOSE T ZAYAS (VP)Name and Title: INOEL FELIPE RODRIGUEZ (VP)SECRETARY OF STATE
TALLAHASSEE, FL

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Name and Title: GREGORIO FORET (VP)

Name and Title: JOSE REYES DUPONT (VP)

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FRANCISCO GARCIA MARTINEZ
 Address: 200 NW 55 ST Ste 513
MIAMI FL 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FRANCISCO GARCIA MARTINEZ
 Address: 200 NW 55 ST Ste 513
MIAMI FL 33127

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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

X [Signature]

Required Signature of Registered Agent

1/8/20
 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.

X [Signature]

Required Signature of Incorporator

1/8/20
 Date