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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**RAYS OF SUNSHINE FOUNDATION, INC.**

Certificate of Status	0
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# ARTICLES OF INCORPORATION

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

**ARTICLE I NAME**

The name of the corporation shall be: Rays of Sunshine Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7502 SW 143 Avenue  
Miami, Florida 33183

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To make a positive impact by providing assistance to constituents in need throughout the community.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

The method by which the directors of the corporation are elected or appointed are stated in the bylaws.

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

Name and Title: Miriam Ruiz-Sganga - Director  
Address: 7502 SW 143 Avenue  
Miami, Florida 33183

Name and Title: Frances Osorio - Director  
Address: 16450 SW 50 Terrace  
Miami, Florida 33185

Name and Title: Isabella Sganga - Director  
Address: 7502 SW 143 Avenue  
Miami, Florida 33183

Name and Title: Natalia Osorio - Director  
Address: 16450 SW 50 Terrace  
Miami, Florida 33185

Name and Title: Gabriella Sganga - Director  
Address: 7502 SW 143 Avenue  
Miami, Florida 33183

Name and Title:  
Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: Miriam Ruiz-Sganga  
Address: 7502 SW 143 Avenue  
Miami, Florida 33183

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Miriam Ruiz-Sganga  
Address: 7502 SW 143 Avenue  
Miami, Florida 33183

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

March 16, 2022

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

March 16, 2022

Date

FILED  
2022 MAR 16 AM 3:42  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA