

To:

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2023-03-01 15:45:52 GMT

13053284774

From: Yanet Avila

3/1/23 10:28 AM

Division of Corporations

N23000002208

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
FIESTAS PATRONALES E HIPICAS NICARAGUANSES MIAMI 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: FIESTAS PATRONALES E HIPICAS NICARAGUENSES MIAMI INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

5300 NW 85 AVEDORAL, FL 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: CULTURE ACTIVITIES.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_BY MINUTES AND BY LAWS**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NORMA BUSTAMANTE (P)

Name and Title: \_\_\_\_\_

Address

5300 NW 85 AVE

Address: \_\_\_\_\_

DORAL, FL 33166Name and Title: ZULMA BUSTAMANTE (VP)

Name and Title: \_\_\_\_\_

Address

5300 NW 85 AVE

Address: \_\_\_\_\_

DORAL, FL 33166

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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From: Yanet Avila

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: NORMA BUSTAMANTE

Address: 5300 NW 85 AVE

DORAL, FL 33166

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: NORMA BUSTAMANTE

Address: 5300 NW 85 AVE

DORAL, FL 33166

**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*

/s/ Norma Bustamante  
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.*