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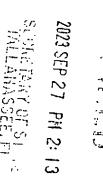
| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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COVER LETTER

Department of State

| Division of Corporation | .S | | | | |
|---------------------------|----------------------------------------|-----------------------------|------------------------------|--|--|
| P. O. Box 6327 | | | | | |
| Tallahassee, FL 32314 | | | | | |
| | | | | | |
| FLOR DE LA | A ESPERANZA FOUNDATION | N INC. | | | |
| SUBJECT: | | | | | |
| | (PROPOSED CORPO | RATE NAME – <u>MUST IN</u> | CLUDE SUFFIX) | | |
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| | | | | | |
| Enclosed is an original a | and one (1) copy of the Artic | cles of Incorporation and | a check for: | | |
| \$70.00 | | □070 7¢ | □ #0 7 #0 | | |
| Filing Fee | □ \$78.75 | □\$78.75 | □ \$87.50 | | |
| rning rec | Filing Fee & Certificate of | Filing Fee & Certified Copy | Filing Fee, | | |
| | Status | & Certified Copy | Certified Copy & Certificate | | |
| | | | a comment | | |
| | | ADDITIONAL CO | PY REQUIRED | | |
| | | | | | |
| | FEDERICO DE GRAZIA | | | | |
| FROM: | TEDENICO DE GRAZIA | | | | |
| TROM. | Name | e (Printed or typed) | - | | |
| | 6750 N ANDREWS AVE SUITE 200 | | | | |
| | | | _ | | |
| | ••• | Address | - | | |
| | FT LAUDERDALE, FL 33309 | | | | |
| | | ity, State & Zip | - | | |
| | (954)778-3076 | my, state & Zip | | | |
| | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |

E-mail address: (to be used for future annual report notification)

FDG@PARIS-LAWGROUP.COM

Daytime Telephone number

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

| <u>ARTICLE</u> | II PRINCIPAL OFFICE | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------|----------------|-------------------------------------------------------------------|
| 84 | Principal <u>street</u> address: 110 NW 66 ST | SAM | Mailing address, i MEAS PRINCIPAL ADD | | | |
| M | IAMI, FL | | | - | - | |
| 33 | 166 | | | | , | |
| <u>ARTICLE</u> | | | | | | |
| The purpos | e for which the corporation is organized is: | tional, and scientific | purposes, including, for such | · · · · · · · · · · · · · · · · · · · | | |
| purposes, the i | making of distributions to organizations that qualify as exe | mpt organization des | cribed under Section 501 (C) (3) | | | |
| of the Intern | nal Revenue Code, or corresponding section of | any future federa | ıl tax code. | - E | 2023 | |
| | | | | -Fi | SEP 2 | MITAES |
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| ARTICLE AS PROVID | IV MANNER OF ELECTION The manne DED IN THE BYLAWS | er in which the dir | ectors are elected and appo | - <u>8</u> 8 Fig. | | James J. |
| | DED IN THE BYLAWS | · | ectors are elected and appo | - <u>8</u> 8 Fig. | _ _;;- ⊒ | Learners. |
| AS PROVID | DED IN THE BYLAWS V INITIAL OFFICERS AND/OR DIRECT FABIANA ABREU SUAREZ, Director itle: | · | ANDREINA SUAREZ CRES | pinted: | _ _;;- ⊒ | 2 1 1 1 |
| AS PROVID | FABIANA ABREU SUAREZ, Director itle: 8410 NW 66 st | <u>ors</u> | ANDREINA SUAREZ CRES 2: 8410 NW 66 st | pinted: | _ _;;- ⊒ | 2 1 1 1 |
| AS PROVIDE ARTICLE | FABIANA ABREU SUAREZ, Director itle: 8410 NW 66 st Miami, FL. | ************************************** | ANDREINA SUAREZ CRES e:8410 NW 66 st Miami, FL | pinted: | _ _;;- ⊒ | 2 1 1 1 |
| AS PROVIDE ARTICLE | FABIANA ABREU SUAREZ, Director itle: 8410 NW 66 st Miami, FL. 33166 | ************************************** | ANDREINA SUAREZ CRES 2: 8410 NW 66 st | pinted: | _ _;;- ⊒ | Learners. |
| AS PROVIDE ARTICLE | FABIANA ABREU SUAREZ, Director Title: 8410 NW 66 st Miami, FL. 33166 ROBERTO ABREU SUAREZ, Director Title: | ORS Name and Title Address: | ANDREINA SUAREZ CRES e:8410 NW 66 st Miami, FL | pinted: | H 2: | Learners. |
| AS PROVID ARTICLE I Name and T Address | FABIANA ABREU SUAREZ, Director Witte: 8410 NW 66 st Miami, FL. 33166 ROBERTO ABREU SUAREZ, Director | ORS Name and Title Address: Name and Title | ANDREINA SUAREZ CRESI 2: 8410 NW 66 st Miami, FL 33166 | pinted:P | 14 | 2 1 1 1 |
| AS PROVIDE ARTICLE Name and T Address | FABIANA ABREU SUAREZ, Director Title: 8410 NW 66 st Miami, FL. 33166 ROBERTO ABREU SUAREZ, Director Title: 8410 NW 66 st Miami, FL. 33166 | ORS Name and Title Address: Name and Title | ANDREINA SUAREZ CRESI 2:8410 NW 66 st Miami, FL 33166 | pinted:P | 14 | Learners. |
| AS PROVIDED ARTICLE IN A Mame and TAMBER AND TAMBBER AND TAMBER AN | FABIANA ABREU SUAREZ, Director itle: 8410 NW 66 st Miami, FL 33166 ROBERTO ABREU SUAREZ, Director itle: 8410 NW 66 st Miami, FL | ORS Name and Title Address: Name and Title Address: | ANDREINA SUAREZ CRESI 2:8410 NW 66 st Miami, FL 33166 | pinted: | 3 | Learners. |

| Name and Title: | Name and Title: | |
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| Name and Title: | Name and Title: | |
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| ARTICLE VI REGISTERED AG | FNT | |
| The name and Florida street address | (P.O. Box NOT acceptable) of the registered | agent is: |
| PARIS CONSUL Name: | TING GROUP, LLC | |
| 6750 N ANDREY | WS AVE STE 200 | |
| Address: FT LAUDERDA | 1 F FI 33300 | 20 |
| | | 2023 S |
| | | SEP |
| ARTICLE VII INCORPORATOR | | 元· 27 |
| The name and address of the Incorpor | | (a). |
| FEDERICO DE O | GRAZIA | |
| | WS AVE STE 200 | で で で で で で で で で で で で で で |
| FT. LAUDERDA | LE, FL 33309 | |
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| ARTICLE VIII EFFECTIVE DATE Effective date, if other than the date of | | (OPTIONAL) |
| | | (OPTIONAL) n five days prior or 90 days after the filing.) |
| | | _ |
| document's effective date on the Depa | c does not meet the applicable statutory filing artment of State's records. | g requirements, this date will not be listed as the |
| • | | |
| Having been named as registered ago | ent to accept service of process for the abov | ve stated corporation at the place designated in thi |
| certificate, I am familiar with and acce | ept the appointment as registered agent and a | gree to act in this capacity |
| | | 00 25 - 2023 |
| Required Si | gnature of Registered Agent | <u>09 - 25 - 2023</u> Date |
| l submit this document and affirm tha | the facts stated herein are true. I am aware t | hat any false information submitted in a document to |
| the Demonstrate of Co. | | re ery just aljoimulon suomulea in a aocumeni k |
| ne vepartment of State-constitutes a ti | hird degree felony as provided for in s.817.15 | 5, F.S. |
| ne veparment of state constitutes a t | hird degree felony as provided for in s.817.15 | 5, F.S. 09 - 25 - 2023 |

ARTICLE IX. DISSOLUTION

| Upon the dissolution of the organization, assets shall be distributed for | r one or more exempt | | | |
|---------------------------------------------------------------------------------------------|----------------------|--|--|--|
| purposes within the meaning of Section 501(C)(3) of the Internal Rev | enue Code, or | | | |
| corresponding section of any future federal tax code or shall be distributed to the federal | | | | |
| government, or to a state or local government, for a public purpose. | | | | |
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