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Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
FUNDACION DE PERIODISTAS INDEPENDIENTE HISTORICO EXI

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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: FUNDACION DE PERIODISTAS INDEPENDIENTE HISTORICO
EXILIO NICARAGUENSES. INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address:609 NW 58 AVE MIAMI, FL 33126

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

IT WAS FOUNDED WITH THE AIM OF RAISING FUNDS AND HELPING INDEPENDENT JOURNALISTS
AND THE NICARAGUAN COMMUNITY, WITHIN THE NATIONAL TERRITORY AND IN THE HISTORIC
NICARAGUAN EXILE. SUPPLIES, CLOTHING, SHOES, MEDICINES, HELP THEM WITH ECONOMIC
FUNDS AND MORE

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: MEYLING ANTONIA MENDOZA Name and Title: _____MENDOZA (SECRETARY /DIRECTOR)Address 3181 NW 77 ST MIAMI, FL 33147 Address: _____Name and Title: JOSE A LOMBILLO (DIRECTOR) Name and Title: _____Address 3181 NW 77 ST MIAMI, FL 33147 Address: _____Name and Title: HENRY ARROLIGA (DIRECTOR Name and Title: _____
TREASURE)Address 609 NW 58 AVE MIAMI, FL 33126 Address: _____

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Name and Title: DR. YEROL LOPEZ (DIRECTOR)

Name and Title: _____

Address: 1600 PENNSILVANIA AVENUE
APT 4
MIAMI BEACH, FL 33139

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: JOSE A LOMBILLOAddress: 609 NW 58 AVE MIAMI, FL 33126**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: JOSE A LOMBILLOAddress: 609 NW 58 AVE MIAMI, FL 33126

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 Agent1/4/2024

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 Incorporator1/4/2024

Date