## Division of Corporations **Electronic Filing Cover Sheet**

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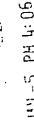
## FLORIDA PROFIT/NON PROFIT CORPORATION FUNDACION DE PERIODISTAS INDEPENDIENTE HISTORICO EXI

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## ARTICLES OF INCORPORATION

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

	II PRINCIPAL OFFICE	
	Principal street address: 609 NW 58 AVE MIAMI FL 33126	Mailing address, if different is:
	III PURPOSE e for which the corporation is organized is:	
T WAS FO AND THE VICARAG	OUNDED WITH THE AIM OF RAISING I	FUNDS AND HELPING INDEPENDENT JOURNALISTS NTHE NATIONAL TERRITORY AND IN THE HISTORI- HOES, MEDICINES, HELP THEM WITH ECONOMIC
···		
ARTICLE	IV MANNER OF ELECTION The manner	in which the directors are elected and appointed:
	BY THE BYLAWS	
<u>ARTICLE</u>	V INITIAL OFFICERS AND/OR DIRECT	rors 202
Same and T	itle: MEYLING ANTONIA MENDOZANam MENDOZA (SECRETARY /DIRECTO	ne and Title:
Same and T	itle: MEYLING ANTONIA MENDOZANam	ne and Title:
Name and T	itle: MEYLING ANTONIA MENDOZANam MENDOZA (SECRETARY /DIRECTO 3181 NW 77 ST MIAMI,FL 33147 Add	ne and Title:  OR)  ress:
Name and To	itle: MEYLING ANTONIA MENDOZANam MENDOZA (SECRETARY /DIRECTO	ne and Title:  OR)  ress:  4  5  the and Title:
Address	itle: MEYLING ANTONIA MENDOZANam MENDOZA (SECRETARY /DIRECTO 3181 NW 77 ST MIAMI,FL 33147 Add	ne and Title:  OR)  ress:  4  5  te and Title:
Name and Ti	itle: MEYLING ANTONIA MENDOZANam MENDOZA (SECRETARY /DIRECTO 3181 NW 77 ST MIAMI,FL 33147 Add	ne and Title:  OR)  ress:  de and Title:  ress:

Name and Ti	tle: DR, YEROL LOPEZ(DIRECTOR) Name and Title:	
Address	1600 PENSILVANIA AVENUE Address: APT 4 MIAMI BEACH, FL 33139	
Name and Titl Address	le: Name and Title: Address:	
<b>ARTICLE VI</b> The <u>name and</u>	· · · · · · · · · · · · · · · · · · ·	
Name:	JOSE A LOMBILLO	
Address:	609 NW 58 AVE MIAMI, FL 33126	
Name:	JOSE A LOMBILLO	
Address:  laving been no ertificate, I am	amed as registered agent braccept service of process for the above state familiar with and accept the appointment as registered agent and agree to	ed corporation at the place designated in this
, , ,	The state application and agree to	v act in this capacity
	Required Signature of Registered Agent	1/4/2024 Date
submit this doe the Departme	cument and affirm that the facts stated herein are true, I am aware that a mit of State constitutes a third degree felony as provided for in \$1817.155, F	ny falsa information achieving the stand
	10 mb1/10/	
	Required Signature of Incorporator	Date