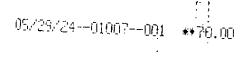
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| HIGEA FOU | NDATION INC | | |
|---------------------------|------------------------------------|---------------------------------|--|
| SUBJECT: | (PROPOSED CORPOR | RATE NAME – <u>MUST INC</u> | CLUDE SUFFIX) |
| Enclosed is an original a | and one (1) copy of the Artic | les of Incorporation and | a check for : |
| \$70.00 | □ \$78.75 | □\$78.75 | □ \$87.50 |
| Filing Fee | Filing Fee & Certificate of Status | Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate |
| | | ADDITIONAL CO | PY REQUIRED |
| FROM: | PARIS CONSULTING GROUP, LLC | | |
| i ROIVI. | Name | (Printed or typed) | - |
| | 6750 N ANDREWS AVE STE | 200 | |
| | | Address | - |
| | FT LAUDERDALE, FL 33309 | | |
| | (954) 778-3076 | ry, State & Zip | - |
| | Daytim | e Telephone number | - |
| | INFO@PARISCONSULTINGO | FROUP.COM | |
| 1 | E-mail address: (to be used for fu | ture annual report notification | _ on) |

NOTE: Please provide the original and one copy of the articles.

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

| ARTICLE I | <u> PRINCIPAL OFFICE</u> | | | | |
|---|---|--|--|---------------------------------------|--|
| Principal street address: B5 CALLE TABONUCO 207A | | SAME | Mailing address, if different is: SAME AS PRINCIPAL ADDRESS. | | |
| GU — | JAYNABO, PR 00968 | | | | |
| ARTICLE I | III PURPOSE e for which the corporation is organized is: ad scientific purposes, including for such purposes, the | | rporated explicitly for charitable, rel | igious, | |
| xempt organiz | zation described under Section 501 (C) (3) of the Inte | ernal Revenue Code, or corres | ponding section of any future federal | | |
| ax code. | | | | ** | |
| | | | | | |
| | | | | ٠, | |
| | IV MANNER OF ELECTION The IT | nanner in which the direc | tors are elected and appointed: | · · · · · · · · · · · · · · · · · · · | |
| AS PROVIDED 1 | N THE BYLAWS V INITIAL OFFICERS AND/OR DIR. | ECTORS | | (.) | |
| ARTICLE I AS PROVIDED I ARTICLE I | N THE BYLAWS V INITIAL OFFICERS AND/OR DIR. MARIA SAVERINO, Director | ECTORS Name and Title: | tors are elected and appointed: MARCELINO BELLOSTA, Director | (.) | |
| AS PROVIDED I | N THE BYLAWS V INITIAL OFFICERS AND/OR DIR. MARIA SAVERINO, Director Fitle: | ECTORS Name and Title: Address: | MARCELINO BELLOSTA, Director | (.) | |
| AS PROVIDED I | MARIA SAVERINO, Director Fitle: B5 CALLE TABONUCO 207A | ECTORS Name and Title: Address: | MARCELINO BELLOSTA, Director | (.) | |
| AS PROVIDED I ARTICLE Name and T Address Name and T | MARIA SAVERINO, Director Title: B5 CALLE TABONUCO 207A GUAYNABO, PR 00968 JUAN BELLOSTA, Director Title: B5 CALLE TABONUCO 207A | ECTORS Name and Title: Address: Name and Title: | MARCELINO BELLOSTA, Director CALLE NOGAL JRB. SAN PATRICIO JUAYNABO, PR 00968 | - | |
| AS PROVIDED I ARTICLE Name and T Address | MARIA SAVERINO, Director Title: B5 CALLE TABONUCO 207A GUAYNABO, PR 00968 JUAN BELLOSTA, Director Title: B5 CALLE TABONUCO 207A | ECTORS Name and Title: Address: | MARCELINO BELLOSTA, Director CALLE NOGAL JRB. SAN PATRICIO TUAYNABO, PR 00968 | - | |
| AS PROVIDED I | MARIA SAVERINO, Director Title: B5 CALLE TABONUCO 207A GUAYNABO, PR 00968 JUAN BELLOSTA, Director Title: B5 CALLE TABONUCO 207A | ECTORS Name and Title: Address: Name and Title: Address: Address: | MARCELINO BELLOSTA, Director CALLE NOGAL JRB. SAN PATRICIO JUAYNABO, PR 00968 | - | |

| Name and Title: | | Name and Title: | |
|-------------------------|--|---|---|
| Address | | Address: | |
| _ | | | |
| | | | |
| | | 1001 | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | - | |
| _ | | | |
| | | | |
| | REGISTERED AGENT orida street address (P.O. Box NOT accep | ntable) of the registered agent is: | |
| The <u>name and Fic</u> | PARIS CONSULTING GROUP, LLC | plable) of the registered agent is. | |
| Name: | CISO N. A NINDENIE AVE CTE 200 | | |
| Address: | 6750 N ANDREWS AVE STE 200 | | |
| | FT LAUDERDALE, FL 33309 | | • 1 |
| | | | • |
| ARTICLE VII | INCORPORATOR | | |
| The name and add | dress of the Incorporator is: | | • |
| Name: | FEDERICO DE GRAZIA | | |
| | 6750 N ANDREWS AVE STE 200 | | |
| Address: | FT LAUDERDALE, FL 33309 | , <u>, , , , , , , , , , , , , , , , , , </u> | ·4 |
| | | · · · · · · | |
| ARTICLE VIII | EFFECTIVE DATE: 05/23/2024 | (OPTIONAL) | |
| | other than the date of filing:ate is listed, the date must be specific ar | (OPTIONAL) nd cannot be more than five days pri | or or 90 days after the filing.) |
| Note: If the date i | inserted in this block does not meet the ap | onlicable statutory filing requirements | this date will not be listed as the |
| | ive date on the Department of State's reco | | and date with not overside as the |
| | | | |
| | ed as registered agent to accept service miliar with and accept the appointment as | | |
| | | | 05/23/2024 |
| | Required Signature of Registered | Agent | 05/23/2024 Date |
| I submit this docu | ment a <u>nd</u> affir m that the facts stated herei | • | |
| | State constitutes a third degree felony as | | |
| | | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |

ARTICLE IX. DISSOLUTION Upon the dissolution of the organization assets shall be distributed for one or more Exempt purposes within the meaning of the Section 501 (C) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to The Federal Government, state, or local government, for a public purpose.