N95000002216

5/09/95 FLORIDA DIVISION OF CORPORATIONS 9:15 AM
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAX-T CORP. AGENTS, INC.
8403 NW 53RD ST
SUITE C-100
MIAMI FL 33166- 311-
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-9839
FAX: (305) 592-9591

(((H95000005172)))
DOCUMENT TYPE: FLORIDA NON-PROFIT CORPORATION
NAME: ACOEMDO DE LA FLORIDA
FAX AUDIT NUMBER: H95000005172
CURRENT STATUS: REQUESTED
DATE REQUESTED: 05/09/1995
TIME REQUESTED: 09:14:54
CERTIFIED COPIES: 1
CERTIFICATE OF STATUS: 0
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** ENTER 'M' FOR MENU. **

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95 MAY -9 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H95000005172

FILED
95 MAY -9 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

FOR

ACOEMDO DE LA FLORIDA CORP.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: ACOEMDO DE LA FLORIDA CORP.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

3407 NW 17 AVE.
MIAMI FL 33142

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

To get toogether as Dominican & Hispanic, with specific purpose of assisting and best inform and educate to the Small Business.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:

State in by Law of the Corporation by direct vote. In case of any vacancy, the Board of Directors will decide to fill such position.

Prepared by: Jose Betancourt
1950 S.W. 122nd Ave.
Miami, FL 33175
(305) 223-7933

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RAMON ANT. MININO	Director/PRESIDENT	1625 SW 116 AVE. MIAMI FL 33165
VICTOR ALBA	Director/GENERAL SECRETARY	450 NE 76 ST. MIAMI FL. 33138
JOSE BETANCOURT	TREASURER /Director	1950 SW 122 AVE. MIAMI FL 33175

The undersigned has(have) executed these Articles of Incorporation this

8 day of MAY, 1995.

PRESIDENT
Signature/Title

Signature/Title
GENERAL SECRETARY

Signature/Title
TREASURER

H95000005172

CERTIFICATE OF DESIGNATION REGISTERED AGENT\REGISTERED OFFIC

Pursuant to the provisions of section 607.0501,Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: ACOEMDO DE LA FLORIDA CORP.

2. The name and address of the registered agent and office is:

JOSE BETANCOURT
1950 SW 122 AVE. AP-1C
MIAMI FL 33175

FILED
95 MAY -9 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE

TITLE TREASURER

DATE 5/8/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREED TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND A AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE 5/8/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT 31 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002216

1 Corporation Name

ACOEMDO DE LA FLORIDA CORP.

Principal Place of Business	Mailing Address
[redacted]	[redacted]

REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable	3 New Mailing Office Address, If Applicable
Suite, Apt. #, etc: 1594 N.W. 36th ST.	Suite, Apt. #, etc: 1594 N.W. 36th ST.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33142 Country: USA	Zip: 33142 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 05/09/1995

5 FEI Number: 65-0581053 — Applied For ☐ Not Applicable ☐

6 CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
[redacted]	[redacted]	[redacted]	[redacted] 500001996185--8 [redacted]6--01116--010 ****375.00 ****375.00
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
P/D	OLIVO, LEONEL S.	1594 N.W. 36 ST.	MIAMI, FL. 33142
S/D	CALDERON, RAFAEL	8280 S.W. 44 ST.	MIAMI, FL. 33155
D	SEGURA, YUNIS	133 S.W. 22 AVE.	MIAMI, FL. 33135

8. Name and Address of Current Registered Agent

[redacted]
[redacted]
[redacted]
[redacted]

9. Name and Address of New Registered Agent

Name: JOSE TORRES JB 11-4-96
Street Address (P.O. Box Number is Not Acceptable): 2630 HOLLYWOOD BOULEVARD
Suite, Apt. #, Etc.:
City: HOLLYWOOD State: FL Zip Code: 33020

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: ✓ Jose R. Torres Date: ✓ 10-2-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [redacted] ✓ 10-2-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038500 AF