N960000001796

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

Enclosed is ar	n original and o	one(1) copy of t	he articles of incorpo	oration and a chec	k for :
	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Cop. & Certificate	y
FROM	<u> </u>	lroy L	Printed or typed)	20) -03/2	DDD176D142 ?7/9601100007 **70.00 *****70.00
	1910 MIA		Address 331	 69 ·	FILE 96 HAR 27 SECRE PART TALLAHASSI
مه ا _د د	(305)) 653	7, State & Zip - 5 3 2 2 . Telephone number		AH 9: 13

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

ARTICLES OF INCORPORATION

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: CARIBBEAN AFRICIAN AMERICAN Cultural Center The. ARTICLE II Principal place of business and mailing address The principal place of business and mailing address of this corporation shall be: 1910D NORTHWEST 10 Court MIAMT FLORIDA 33169.

The specific purpose(s) for which the corporation is organized is(are): This Corporation will be used solely to establish and namage the FACILITY OF A cultural Center to promote and bridge the gap of authors among the American And Caribbean people of South Florisa.

ARTICLE IV Manner of election of directors

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

the directors of this coroporation must see Honorable on I have abiding

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

ELROY LEWIS

19100 ABRITHWEST 10 WHAT

MITHINI FLURION 23168.

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are): ELROY LEWIS - 19100 NU 10 HMIA FL 32169

V. PRESIDENT: JOAN CLARKE - 19100 NW 10 CT MIA PL 22169

SEC.: Susan Kamp - 19100 NW 10 CT MIN PL 22169.

Signature of Incorporator:

ELROY LEWIS
Typed name of incorporator signing

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 96 HAR 27 All 9: 13

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE LORIDA 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	cor	porsi	tion	is:
			\sim		•••			

CARIBAGAN AFRICIAN AMERICAN CHARAL PENTER INC.

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

MA. ELROY LEWIS

(NAME)

19100 NORTHWEST D COMPT

(P.O. BOX OF MAIL Drop BOX NOT ACCEPTABLE)

MIAMI FLORIDA 23,69.

(CITY/STATE/ZIP)

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 agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(8fgnature)

3/25/96 (DATE)