8000001476

3/12/98

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

9:28 AM

((1H98000004851 5)))

DIVISION OF CORPORATIONS TD:

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (3Ø5)599-Ø839

NAME: AYUDA HELP MINORITY GROUP INC. AUDIT NUMBER..... H98000004851

DOC TYPE.....FLORIDA NON-PROFIT CORPORATION

PAGES..... DEL.METHOD. . FAX

CERT. OF STATUS...1 CERT. COPIES.....Ø

\$78.75 EST. CHARGE. .

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

104)922-3709

(904)922-3709 03/12/98 12:10 Florida Department p1 /1



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 12, 1998

FAS-T CORP AGENTS INC

SUBJECT: AYUDA HELP MINORITY GROUP INC.

REF: W98000005545

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight Document Specialist FAX Aud. #: H98000004851 Letter Number: 398A00013555 H98000004851

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator of a corporation pursuant to chapter 617, Florida Statutes, adopts the folling Articles of Incorporation:

ARTICLE I

The name of the corporation shall be:

AYUDA HELP MINORITY GROUP INC.

ARTICLE II

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

849 SW 1st Street Miami. Fl 33130



ARTICLE III

The specific purpose for which the corporation is organized is:

Provide the minority of the community with a program who offer counseling, participation in the community activities, living accommodations, job possibilities, family planning, different treatments for depressive disorders and teach them how to grow independent.

ARTICLE IV

The corporation shall have 3 directors are elected or appointed the manner in which the directors are elected or appointed is as follows:

The manner of election is as stated in the bylaws. Were appointed in an open meeting where the professional qualification, competency, loyalty and dedication were evaluated.

Prepared by: Ana Dalmau Ares 4080 SW 84th.Ave. Suite C Miami, Fl. 33155 (305) 229-8256

ARTICLE V

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

No limited

ARTICLE VI

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

MARTA ESCALONA 1409 LINCOLN RD, NO 205 MIAMI BEACH FL 33139

ARTICLE VII

The name and the street address of the incorporator for these articles of incorporation is:

MARTA ESCALONA 1409 LINCOLN RD NO 205 NIAMI BEACH FL 33139

The undersigned incorporator has executed these Articles of Incorporation this 05 day of March, 1998

Signature of Incorporator

MARTA ESCALONA

H98000004851

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED
98 MAR 12 PM 3
3LUKLIAN UT

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designations the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

AYUDA HELP MINORITY GROUP INC.

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

HARTA ESCALONA 1409 LINCOLN RD 205 NORTH MIAMI BEACH, FL. 33139

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.

SIGNATURE Marta Escalora