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LAZARUS CORPORATE FILING SERVICE, INC.

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MIAMI, FLORIDA (305) 552-5973

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LOCAL REPRESENTATIVE TALLAHASSEE

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*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MIAMI NEIGHBORHOOD ASSOCIATION, INC.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED

98 JUL -1 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

FOR

MIAMI NEIGHBORHOOD ASSOCIATION, INC.

NON-PROFIT

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: MIAMI NEIGHBORHOOD ASSOCIATION, INC.
NON-PROFIT

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:
323 SW 23 AVENUE
MIAMI, FL. 33135

ARTICLE III PURPOSE(S)

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

TO ENGAGE IN ACTIVITIES THAT PROMOTE THE SAFETY, THE SECURITY,
AND THE SOCIAL AND GENERAL WELFARE OF THE COMMUNITY.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:
ACCORDING TO THE BYLAWS

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows: NONE.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MANUEL LOPEZ
2728 S.W. 34 Ave.
MIAMI, FL.33133

ARTICLE VII INCORPORATORS

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

BENIGNO PEREDA Jr.	P / D	323 SW 23 AVE.	MIAMI, FL.33135
JESUS A. GRANDA.	VP / D	1520 SW 11 St.	MIAMI, FL. 33135
ARLES CARBALLO	VP/D	123 SW 17 ROAD	MIAMI, FL.33129
MANUEL LOPEZ	T / D	2728 SW 34 AVE	MIAMI, FL. 33133
FELIX E. BAEZ	S / D	700 SW 9 ST #1	MIAMI, FL. 33130

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
30 day of JUN., 19 98

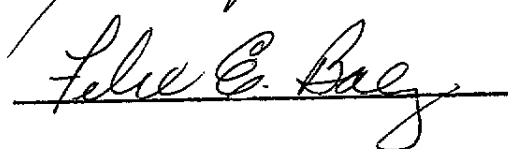
Signature(s) of the incorporator(s)


BENIGNO PEREDA Jr.

Typed name of incorporator signing


MANUEL LOPEZ.

Typed name of incorporator signing


FELIX E. BAEZ.

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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 designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: MIAMI NEIGHBORHOOD ASSOCIATION, INC.

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

MANUEL LOPEZ

(NAME)

2728 S.W. 34 Ave.

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33133

(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.

SIGNATURE

Manuel Lopez

DATE

6-30-1998

98 JUL -1 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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