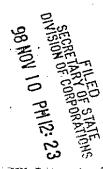
N986666 6491 TRANSMITTAL LETTER

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



MACEDONIAN INTERNATIONAL PATRIOTIC FUND, Inc.

SUBJECT: -

(Proposed corporate name - must include suffix)

Enclosed is an and a check for		i) copy of the article	es of incorporation	<u>- 12</u> .
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy ADDITIONAL	######################################	
FROM:	SLAVKO MANO Name 924 NE 20 TH AVE	GOVSKI (Printed or typed)	800002659 -10/21/98(*****78.75	J1049016

Daytime Telephone number

City, State & Zip

FT. LAUDERDALE FL 33304

954-523-0973

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

F. CHESSER NOV 1 6 1998

ARTICLES OF INCORPORATION

MACEDONIAN INTERNATIONAL PATRIOTIC FUND, Inc.

924 NE 20TH AVE, FT. LAUDERDALE FL 33304

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

ARTICLE I NAME

The specific purpose(s) for which the corporation is Organizing assistance by American-Macedonians to Ma	
American values of freedom and democracy to that Euro	ppean country
ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or a	
As stated in bylaws.	
ARTICLE V INITIAL REGISTERED AGENT AND STREET The name and Florida street address of the initial in Slavko Mangovski, 924 NE 20th Ave, Ft. Lauderdale, FL	egistered agent are:
ARTICLE VI INCORPORATOR The name and address of the Incorporator to these are: Slavko Mangovski, 924 NE 20 th Ave, Ft. Lauderdale, FL	-
	ar en
<u> </u>	
- our	10/13/98
Signature/Incorporator	10/13/98 Date
Signature/Incorporator (An additional article must be added if an effective statement of the statement of t	Date
(An additional article must be added if an effective of the second secon	ctive date is requested.)
(An additional article must be added if an effective of the second secon	ctive date is requested.) rvice of process for the above ate, I hereby accept the
(An additional article must be added if an effective set of the place designated in this certifical appointment as registered agent and agree to act in this comply with the provisions of all statutes relating to the poffiny duties, and I am familiar with and accept the obligations.	Date ective date is requested.) rvice of process for the above tie, I hereby accept the capacity. I further agree to proper and complete performance
(An additional article must be added if an effective set of the place designated in this certifical appointment as registered agent and agree to act in this comply with the provisions of all statutes relating to the profine duties, and I am familiar with and accept the obligating stered agent.	Date ective date is requested.) rvice of process for the above ste, I hereby accept the capacity. I further agree to proper and complete performance stions of my position as 10/13/98
(An additional article must be added if an effective set of the place designated in this certifical appointment as registered agent and agree to act in this comply with the provisions of all statutes relating to the poffiny duties, and I am familiar with and accept the obligations.	Date ective date is requested.) rvice of process for the above ste, I hereby accept the capacity. I further agree to proper and complete performance stions of my position as

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

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

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