OFFICE USE LAZARUS 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Stat **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other_

Examiner s Initials

ARTICLES OF INCORPORATION

FOR

ECUADORIAN AMERICAN FOUNDATION INC.

98 DEC -1 PM 2: 08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: ECUADORIAN AMERICAN FOUNDATION INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

3 - GROVE ISLE DR. 201 COCONUT GROVE FL 33133

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):
THE PURPOSE FOR WICH FUNDATION IS ORGANIZED IS TO PROVIDE SCHOLARCHIPS
TO STUDENTS OF LOW INCOME FAMILIES.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:
DIRECTORS SHALL BE NOMINATED FROM THE FLOOR OF THE ANUAL MEETING ONLY
PERSONS OF GOOD MORAL AND ETHICAL VALUES AND WHO HAVE DEMONSTRATED LOVE AND DEVOTION TO THE CORPORATION AND 1ST. PURPOSE SHALL BE NOMINATED EACH DIRECTOR SHALL BE ENTITLED TO ONE VOTE FOR EACH VACANCY OF
THE BOARD, BUT NO DIRECTOR MAY CAST MORE THAN ONE VOTE FOR THE SAME
NOMINEE, THE PRESIDENT SHALL REPORT THE RESULTS OF THE ELECTION TO THE
BOARD SHALL BE, BY MINUTES AND BY LAWS.

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:

ALL CORPORATE POWERS SHALL BE EXERCISED BY, AND UNDER THE AUTHORITY OF, AND THE BUSINESS AND AFFAIRS OF THE CORPORATION, SHALL BE MANAGED UNDER THE DIRECTION OF A BOARD OF DIRECTORS OF AT LEAST THREE (3) AND NOT MORE THAN TWELVE (12) DIRECTORS, THE NUMBER OF DIRECTORS SHALL BE FIXED BY THE BOARD AND MAY BE INCREASED WITH IN SAID LIMITS FROM TIME TO TIME BY THE BOARD AT A SPECIAL MEETING OF THE DIRECTORS.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

GUILLERMO SALCEDO 3- GROVE ISLE DR. 201 COCONUT GROVE FL. 33133

ARTICLE VII INCORPORATORS

| The name(s) and street address(es) of the incor | porator(s) for these Articles of Incorporation |
|---|---|
| The name(s) and street address(es) or the intesting is (are): | , |
| GUILLERMO SALCEDO | 3- GROVE ISLE DR. 201 COCONUT GROVE FL 33133 |
| LINDA SALCEDO | 3- GROVE ISLE DR. 201 COCONUT GROVE FL 33133 |
| SUSANA SALCEDO | 3- GROVE ISLE DR. 201 COCONUT GROVE FL 33133 |
| | |
| The undersigned incorporator(s) has(have) exe | ecuted these Articles of Incorporation this |
| The undersigned incorporator(s) has that of 11 day of NOVEMBER ,19 98 | in region of the second of |
| Signature(s) of the Imporporator(s) | |
| | GUILLERMO SALCEDO Typed name of incorporator signing |
| Inda Saliet | LINDA SALCEDO Typed name of incorporator signing |
| | |

SUSANA SALCEDO

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: ECUADORIAN AMERICAN FOUNDATION INC. |
|------------------------------------|---|
| 2. | The name and address of the registered agent and office is: |
| | GUILLERMO SALCEDO |
| | (NAME) |
| | 3-GROVE ISLE DR. 201 |
| | (P.O. BOX <u>NOT</u> ACCEPTABLE) |
| | COCONUT GROVE FL 33133 |
| | (CITY/STATE/ZIP) |
| PRODES REG AGR THE FAM | ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ICESS FOR THE ABOVE STATED CORPORATION AT THE PLACE IGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS DISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER SEE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AMULIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS DISTERED AGENT. |
| | DATE 11-11-98 |