

# N 990000002480

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**To:**

**Division of Corporations  
Fax Number : (850) 922-4001**

**From:**

**Account Name : MIDLAND ENTERPRISES, INC./PARALEGAL ASSOCIATES  
Account Number : I19990000034  
Phone : (954) 565-7723  
Fax Number : (954) 568-6771**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**FLORIDA NON-PROFIT CORPORATION****Cultural Enlightenment Association of IFE, Corp.**

Certificate of Status	0
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B. McKnight APR 21 1999

H9900000 9391 6 ARTICLES OF INCORPORATION  
OF  
**Cultural Enlightenment Association of IFE, Corp.**

*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:*

**ARTICLE I - NAME**

The name of the corporation shall be: Cultural Enlightenment Association of IFE, Corp.

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 2000 N. Dixie Highway, #6, Lake Worth, FL 33460

**ARTICLE III - PURPOSE(S)**

The specific purpose(s) for which the corporation is organized is (are): Arts & Culture in the local community, to include music, dance, theatre and publications.

**ARTICLE IV - MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is as stated in the corporate bylaws:

**ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS:**

Jean E. St. Eloi at 4330 Community Drive, #523, West Palm Beach, FL 33409

**ARTICLE VI - INCORPORATOR**

The name and address of the Incorporator to these Articles of Incorporation are:  
Jean E. St. Eloi at 4330 Community Drive, #523, West Palm Beach, FL 33409

  
\_\_\_\_\_  
Signature/Incorporator

04/20/99  
\_\_\_\_\_  
Date

*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/Registered Agent

04/20/99  
\_\_\_\_\_  
Date

Paralegal Associates  
741 W. Oakland Park Boulevard  
Fort Lauderdale, FL 33311  
1-954-565-7723  
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