

*P01000031572*

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 922-4001

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

~~AAHRP, INC.~~

*National Association of Retired Hispanic Persons  
INC.*

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION  
FOR  
NATIONAL ASSOCIATION OF RETIRED HISPANIC PERSONS, INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation

**ARTICLE I**

The name of the corporation shall be: **NATIONAL ASSOCIATION OF RETIRED HISPANIC PERSONS, INC.**

**ARTICLE II**

The principal place of business and mailing address of this corporation shall be: **20211 N.E. 10<sup>th</sup> PLACE,  
MIAMI, FLORIDA 33179**

**ARTICLE III**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
**10,000**

**ARTICLE IV**

The name and address of the initial registered agent is:

**J. LESLIE WIESEN  
20211 N.E. 10<sup>th</sup> PLACE  
MIAMI, FLORIDA 33179**

**ARTICLE V**

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

**J. LESLIE WIESEN  
20211 N.E. 10<sup>th</sup> PLACE  
MIAMI, FLORIDA 33179**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27<sup>th</sup> day of March, 2001.

By: \_\_\_\_\_

  
By: **J. LESLIE WIESEN**

FILED  
01 MAR 28 PM 12:53  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

# **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

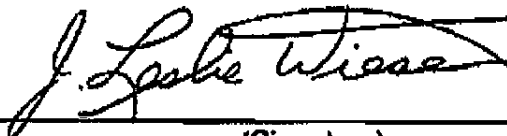
PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/OFFICE, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **NATIONAL ASSOCIATION OF RETIRED HISPANIC PERSONS, INC.**
2. The name and address of the registered agent and office is:

**J. LESLIE WIESEN  
20211 N.E. 10<sup>th</sup> PLACE  
MIAMI, FLORIDA 33179**

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.

**J. LESLIE WIESEN**

  
\_\_\_\_\_  
(Signature)

**3/27/2001**

\_\_\_\_\_  
(Date)

**FILED**  
**01 MAR 28 PM 12:53**  
TALLAHASSEE, FLORIDA