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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**CUBAN VETERINARY MEDICAL ASSOCIATION IN EXILE, INC.**

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Florida Dept of State



December 28, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WILLIAM J. STRANGE

SUBJECT: CUBAN VETERINARY MEDICAL ASSOCIATION N EXILE, INC.  
REF: W06000055406

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Wanda Cunningham  
Document Specialist  
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FAX Aud. #: H06000302250  
Letter Number: 406A00072843

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLE OF INCORPORATION  
OF

CUBAN VETERINARY MEDICAL ASSOCIATION IN EXILE, INC.

The undersigned Subscriber desiring to form a corporation in the State of Florida, hereby makes, signs, and subscribes these Articles of Incorporation in order to form a corporation under the laws of the State of Florida, and hereby adopts the following Articles of Incorporation for such corporation.

ARTICLE I - NAME

The name of the corporation shall be:

CUBAN VETERINARY MEDICAL ASSOCIATION IN EXILE, INC.

The principal place of business of this corporation shall be:

5660 S.W. 170 Ave  
MIAMI, FLORIDA 33183

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III - CAPITAL STOCK

The aggregated number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

SHARES #	PAR VALUE	STOCK DESCRIPTION
250	\$1.00	Common Stock

ARTICLE IV - TERM OF EXISTENCE

This corporation shall have perpetual existence.

WILLIAM J. STRANGE  
1325 S.W 87<sup>TH</sup> Ave. - Miami, Florida 33174  
PHONE (305)267-2767  
FAX (305)227-2775

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**ARTICLE V - OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

**BOARD OF DIRECTORS:****OFFICER'S TITLE****NAME****ADDRESS**

President:

FERNANDO CAMPOS

5660 S.W. 130 Ave  
MIAMI, FLORIDA 33183

Secretary:

RUFINO R. LORENZO

5660 S.W. 130 Ave  
MIAMI, FLORIDA 33183

Treasury:

JOSE R. CRUZ

5660 S.W. 130 Ave  
MIAMI, FLORIDA 33183**ARTICLE VI - INCORPORATOR(S)**

The name(s) and the street address(es) of the Incorporator(s) to this articles of incorporation is (are):

**NAME**

JOSE R. CRUZ

**ADDRESS**5660 S.W. 130 Ave  
MIAMI, FLORIDA 33183

IN WITNESS WHEREOF, the undersigned Incorporator(s) has (have) executed these Articles of Incorporation this 27 day of September, 2006.

Signature(s) of Incorporator(s)

  
\_\_\_\_\_

WILLIAM J. STRANGE  
1325 S.W 87<sup>TH</sup> Ave. - Miami, Florida 33174  
PHONE (305)267-2767  
FAX (305)227-2775

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

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

CUBAN VETERINARY MEDICAL ASSOCIATION IN EXILE, INC.

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

NAME  
JOSE R. CRUZ

ADDRESS  
5260 S.W. 130 Ave  
MIAMI, FLORIDA 33183

SIGNATURE 

TITLE SECRETARY

DATE 12-27-06

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE 12-27-06

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