Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone

: (305)633-9696 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:

FLORIDA PROFIT/NON PROFIT CORPORATION EDUCATIONAL AND CULTURAL AFFAIRS, INC.

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T. Burch JAN 2 3 2012.

1/20/2012

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EMPIRE CORP KIT

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME =	DUCATIONAL A	NO CHETHDAL	AEEAIDS I	INC	
The name of the	corporation shall be:	DOUGH HONAL A	ND COLIDINAL	Arranto, i	ino.	
ARTICLE II	PRINCIPAL OFFI	ICE				
	Principal street	address		Mailing addre	ss, if different is:	
	157 NE 26TH STR		SAME	=		
	MIAMI, FL 33137				·	
				 	•	
ARTICLE III	PURPOSE					
The purpose for	which the corporation i	s organized is:			•	
ANY AND A	ALL LAWFÜL BUS	HNESS			±1'	
					の意識	
					>2 €	
					3	
					JAN 20 GRETARY LAHASSE	
RTICLE IV		G 040 00				
he number of s	hares of stock is: 100 (@ \$10.00			PM 12: OF STA E, FLOX	
RTICLE V	INITIAL OFFICES	RS AND/OR DIREC	TORS			_
	Title: PRESIDENT			tle:	35 · · ·	
Address:	JORGE RAUL	TOLEDO MORE	Address:		## 5	
		CREEK DR			······	
	MIAMI BEACH	H, FL 33141				
Name and	Title: VICE PRESID	ENT	Name and Tit	tle:		
Address:	JILL SMITH					
	6931 INDIAN (· · · · · · · · · · · · · · · · · · ·	
	MIAMI BEACH	<u>I. FL 33141</u>			 	_
Name and	Title: SECRETARY/	TREASURER	Name and Tit	tle:		
Address;	RUBEN DARK	O ROLON	Address:			
	157 NF 26TH	STREET				_
	MIAMI, FL 331	137			 	
RTICLE VI	REGISTERED AG	ENT				
	lorida street address (P.	O. Box NOT acceptable		gent is:		
Name:		NO ROLON				
Address:		HISTREET				
	MIAMI, EL 3	3137				
RTICLE VII	INCORPORATOR					
	ddress of the Incorporato					
Name:	RUBEN DAR	IO ROLON				
Address:		LSTREET				
	MIAMI, FL 33	5137				
uving been na	ned as registered agent.	to accept service of pr	ocess for the above s	stated corporation	on at the place designate	ed in
is certificat <mark>e, I</mark>	am familyr with and acc	cept the appointment a	s registered agent and	d agree to act in	this capacity	
					01/20/2012	
	required Signa	ature/Registered Agent			Date	
Submit this do	cument and affirm that	the facts stated herein	i are true. I am cross	re that the false	Information submitted	in a
	Department of State cons	stitutes a third degree f	elony as provided for	in s.817.155, F.	S.	11
cument to the .	/ 10	G J				
cument to the	/ V /					
cument to the		saature/Incorporator			01/20/2012	

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