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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
FUNDACION SAN VICENTE DE PAUL, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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D. O'KEEFE

MAY - 4 2022

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: FUNDACION SAN VICENTE DE PAUL INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4970 SW 52ND ST BAY 313DAVIE, FL 33314**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NICOLAS MACIAS HURTADO (P) Name and Title: _____Address 4970 SW 52ND ST BAY 313 Address: _____DAVIE, FL 33314Name and Title: MAURICIO MACIAS PACHON (VP) Name and Title: _____Address 4970 SW 52ND ST BAY 313 Address: _____DAVIE, FL 33314

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NICOLAS MACIAS HURTADO
 Address: 4970 SW 52ND ST BAY 313
DAVIE, FL 33314

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: NICOLAS MACIAS HURTADO
 Address: 4970 SW 52ND ST BAY 313
DAVIE, FL 33314

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
 Required Signature/Registered Agent

05/02/22
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
 Required Signature/Incorporator

 Date