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Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

BUBJECT: WOM	EN OF COLOR, INC. (proposed corporate name)
Enclosed is an ori	ginal and one (1) copy of the articles of
incorporation and	our check for * 122.50 400001449714 -04/06/9501075009 ****122.50 ****122.50
FROM:	Cathleen Alce Name (printed or typed) 1445 Alton Road Address Miami Beach, F1 33139 City, State, & Zip 305-621-7160 Telephone Number

APR 1 0 1995 BS&

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION FILED

OF

SECRETARY OF STATE

WOMEN OF COLOR, 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 NAME

The name of the corporation shall be: WOMEN OF COLOR, INC.

ARTICLE II NAME

The principal place of business and mailing address of this corporation shall be:

1445 Alton Road
Miami Beach, F1 33139

ARTICLE III SHARES

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

Five Hundred (500)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cathleen Alce 1445 Alton Road Miami Beach, Fl 33139

ARTICLE V INCORPORATOR (9)

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

Cathloon Alco 1445 Alton Road Miami Beach, F1 33139

Owens Pascal 1445 Alton Road Miami Beach, F1 33139

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this Twenty-fourth day of March 19_95.

Cathleen Alce Signature

Owens Pascal Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DEBIGNATION

FILED

95 APR -6 PM 2: 35

REGISTERED AGENT/REGISTERED OFF JOHN TARY OF SANDE

Pursuant to the provisions of sections 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 office/registered agent, in the State of Florida.

1.	Thu	паме	οf	the	corpoi	ration	is:		WOMEN	OF	CCLOR,	INC.	
•													
-	T I												
4.	ine	name	and	add	ress d	of the	regis	tered	agent	and	office	15:	
					Cath	leen A	lce						
						(NAME	:)						
					1445	Alton	Road						
				(P	.o. Bo	X NOT	ACCEPT	TABLE)					
					Miami	Beach	, F1	33139					
					CIT	Y/STAT	E/ZIP)						

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_X

Cathleen Alce

DATE____03/24/95