

N10000011851

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000276260 3))



H100002762603ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 27 PM 4: 42

FILED

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
URBANITE FOUNDATION, INC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 27 PM 12: 53

RECEIVED

Electronic Filing Menu Corporate Filing Menu Help

12/28/2010

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: **URBANITE FOUNDATION, INC.**
EFFECTIVE DATE: JANUARY 01, 2011

ARTICLE II PRINCIPAL OFFICE

Principal street address
999 BRICKELL AVENUE
STE: 820
MIAMI, FL 33131

Mailing address, if different is:
999 BRICKELL AVENUE
STE- 820
MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
LOCAL, NATIONAL AND INTERNATIONAL ORGANIZATION PROMOTING THE SUSTANABLE WELLBEING OF HUMANKIND THRU PROGRAMS IN THE AREAS OF HOUSING, EDUCATION, HEALTH, NUTRITION, PUBLIC POLICY AND THE ARTS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
BY MINUTES AND LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT
Address: EVELIO MEDINA
999 BRICKELL AVENUE STE: 820
MIAMI, FL 33131

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EVELIO MEDINA
Address: 999 BRICKELL AVENUE STE: 820
MIAMI, FL 33131

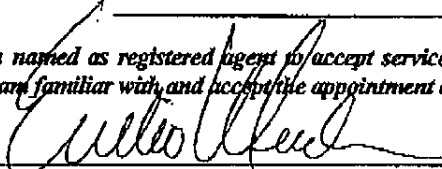
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EVELIO MEDINA
Address: 999 BRICKELL AVENUE STE: 820
MIAMI, FL 33131

FILED
2010 DEC 27 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

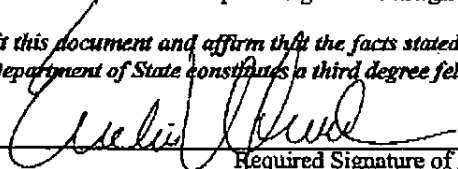


Required Signature of Registered Agent

12-27-2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature of Incorporator

12-27-2010

Date