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01/26/05--01012--008 **78.75



TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Lati	n Women, (Proposed corpor	Inc rate name - must include suffi	ix)	
Enclosed is an original an	nd one(1) copy of the articl	les of incorporation and a	check for :	
□ \$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
PPOM.	Ramon R	01125		

Name (Printed or typed)

535 Palm Auc

Address

HARAM FL 33012

35 822 - Old 9

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

LATIN WOMEN, INC.

ARTICLE II PRINCIPAL OFFICE

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

1766 W. 68th ST. HIALEAH, FL. 33012

ARTICLE III SHARES

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

10,000 Common Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ELIZABETH RODRIGUEZ 4331 S.W. 160 AVE. #100 MIRAMAR, FL. 33027

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT: REY A. QUEVEDO

10019 W. OKEECHOBEE RD. #201

HIALEAH GARDENS, FL. 33016

SECRETARY: ELIZABETH RODRIGUEZ

4331 S.W. 160 AVE. #100 MIRAMAR, FL. 33027

O1/22/05
Signature/Iscorporator Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent Date