

**A1500007089**

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

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
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\*\*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  
MIAMI TALENTO, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

**ARTICLE I NAME**  
The name of the corporation shall be: MIAMI TALENTO, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
2640 NW 97 AVE  
Doral, FL 33172

Mailing address, if different is:  
2640 NW 97 AVE  
DORAL, FL 33172

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000 shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CLAUDIA ELENA MORENO GIL (P)  
Address: 2640 NW 97 AVE  
Miami, FL 33172

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Marlene Fernandez  
 Address: 3900 NW 79 Ave Suite 634  
Doral, FL 331766


**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: CLAUDIA ELENA MORENO GIL  
 Address: 2640 NW 97 AVE  
Miami, FL 33172

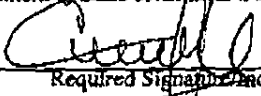
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
 Required Signature/Registered Agent

01/23/2015  
 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.

  
 Required Signature/Incorporator

01/23/2015  
 Date