

P/5000026946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

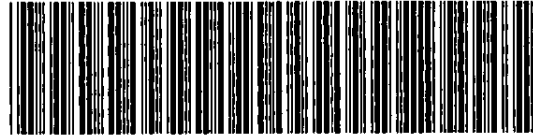
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/06/15--01004--010 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 20 PM 12:13

W15-16995

✓ 03/23/15



RECEIVED
15 MAR 20 PM 4:24

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

March 10, 2015

MARK A. CANAL
13762 WEST STATE ROAD 84, #233
DAVIE, FL 33325

SUBJECT: THE LATAM COMPANY, INC.
Ref. Number: W15000016995

We have received your document for THE LATAM COMPANY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000000695 (LATAM CORPORATION).

"Double" Corporate Suffixes are unacceptable; Please choose only ONE of the SIX choices (INC. or INCORPORATED; CO. or COMPANY; CORP. or CORPORATION).

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 315A00004857

COVER LETTER

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

SUBJECT: Latam Alliances, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Mark Canal

Name (Printed or typed)

13762 West State Road 84, #233

Address

Davie, FL 33325

City, State & Zip

954-914-2023

Daytime Telephone number

markcanal19@gmail.com

E-mail address: (to be used for future annual report notification)

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

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: Latam Alliances, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13762 West State Road 84

#233

Davie, FL 33325

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: 1,000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roberto Bianchi, P

Name and Title: _____

Address: 13762 West State Road 84

Address: _____

#233

Davie, FL 33325

Name and Title: Mark A Canal, T

Name and Title: _____

Address: 13762 West State Road 84

Address: _____

#233

Davie, FL 33325

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

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: Mark A Canal
 Address: 13762 West State Road 84, #233
Davie, FL 33325

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

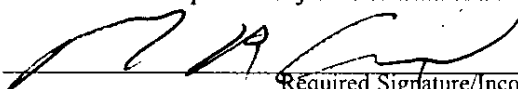
Name: Mark A Canal
 Address: 13762 West State Road 84, #233
Davie, FL 33325

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

3-16-15
 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

3-16-15
 Date