F06000005270

(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:						
July 3mm 1						

Office Use Only



400077965984

08/02/06--01031--008 **78.75

2006 AUG 11 PM 2: 54
SECRETARY OF STATE
TALLAHASSEF FLORIDA



COVER LETTER

TO: New Filing Section Division of Corporations							
SUBJECT: PORTATIL MASTER INC.							
(Name of corporation - must include suffix)							
Dear Sir or Madam:							
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.							
Please return all correspondence concerning this matter to the following:							
Guillermo Gomez							
(Name of Person)							
VANGUARD SYLTEMS INTERNATIONAL INT (Firm/Company)							
(Firm/Company)							
1270 NW 165th Street							
(Address)							
MIAMI, FL 33169 (City/State and Zip code)							
(City/State and Zip code)							
For further information concerning this matter, please call:							
Guillerma 60met = (954), 990 9633							
(Name of Person) at (954) 9909533 (Name of Person) (Area Code & Daytime Telephone Number)							
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314							
Enclosed is a check for the following amount:							
\$70.00 Filing Fee \$\sum_{\text{Certificate of Status}}\$\$\$ \$78.75 Filing Fee & \$\sum_{\text{S78.75 Filing Fee}}\$\$\$ Certified Copy \$\$ Certificate of Status & Certified Copy \$\$							



RECEIVED

FLORIDA DEPARTMENT OF STATE OF AUG 11 PM 2: 32 Division of Corporations

LEPARTMENT OF STATE DIVISION OF CORPORATIONS TALL Allasses, FLORIDA

August 3, 2006

GUILLERMO GOMEZ 1270 NW 165TH STREET MIAMI, FL 33169

SUBJECT: PORTATIL MASTER INC.

Ref. Number: W06000034147

We have received your document for PORTATIL MASTER 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 and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return 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) 245-6928.

Tim Burch **Document Specialist**

Letter Number: 806A00048596

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FOR							2006	
POI	RTATIL	MAST	TER 1	NC.			. ==	
(Enter name of co	orporation; must inc rp," "Inc," "Co," or	ude "INCOR			' "CORPORATIO	ARY OF ST ASSEE, FLO	= i	
(If name unavailal	ble in Florida, enter	alternate corp	orate name a	dopted for the p	urpose of transactin	g business in Fierida	- 2: 5 <u>4</u>	
n						1-2-	-	
	NANE inder the law of whi						_	
4. O3 (Date of	16/2006	5	5	PERI	PETUAL		_	
(Date o	of incorporation)			(Duration: Yea	r corp. will cease to	exist or "perpetual")	_	
6.		N/A					_	
	(Date	first transacte	d business in		to registration) mine penalty liabili	ty)	_	
7. 4111	coral -	tree	circle	#227	coconut a	reek, FL3:	3073	
		(Principa	l office addre	ss)		•	_	
4111	Coral.	tree	circle	# 227	Coconut	creek, tis	30 -) 3	ì
		(Current	nailing addre	ss)				
8. (Purpose(s)	tribution	0 +	Comp	uters				
(Purpose(s)	of corporation auth	orized in hom	e state or cou	ntry to be carrie	d out in state of Flo	rida)	_	
9. Name and street				Box NOT acc	ceptable)			
Name:	Guiller	mo 6	onez					
Office Address:	1270 NU	J 165 H	n Stree	<u>+</u>				
	MIAM	١		, Florida	33169			
		(City)			(Zip code)			
10. Registered age	d as registered ag	ent and to ac	cept service	of process for	r the above stated	corporation at the	place	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:	
Address:	3
	<u>, </u>
AHAS	5
Vice Chairman:	<u></u>
Address:	
LORN CONTRACTOR CONTRA	د
Director:	_
Address:	 -
Director:	
Address:	_
,	
B. OFFICERS	
President: YEZZID GUERRERO MEZA	
Address: 4111 CORAL TREE CIRCLE # 227	
COCONUT CREEK, FL 33073	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer: CAROLINA GUERRERO	
Address: 4111 CORAL TREE CIRCLE # 227 COCONUT CREEK, FL 3307.	3
	_
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
4 mar brown 11.	
(Signature of Director or Officer listed in number 12 of the application)	
14. YEZZID GYERRERO MEZA, PRESIDENT	

Delaware

PAGE :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PORTATIL MASTER INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D. 2006.

2006 AUG II PM 2: 54
SECRETARY OF STATE



Varnet Smita Minason

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4883235

DATE: 07-07-06

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