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

(Proposed corporate name - must include suffix)

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

\$70.00 Filing Fee \$78.75

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: KAIMUNDO Name (Printed or typed)

(407) 370-2081 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 Floric	la
Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:	

ARTICLE	I	NAME

The name of the corporation shall be:

LATIN HARVEST INTERNATIONAL INC

PRINCIPAL OFFICE

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

TEMP ADDE P.O. Box 621794 ORLANDO FL. 32862

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

COMMUNITY SERVICE FOR HASPANIE COMMUNITY

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is. Stated in By-Laws DIRECTOR ARE ELECTED THEN MAJORITY

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RAÎMUNDO RAMOS SR. 5696 OAK HARBOUR CHASE CIRCLE #8 DRLANDO FL. 328B9

ARTICLE VI INCORPORATOR

Signature/Incorporator

The <u>name and address</u> of the Incorporator to these Articles of Incorporation are:

Raimundo Ramos SR. P.O. Box 621794

(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