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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

INSTITUTO NATURALISTA, CORP.

Certificate of Status	0
Certified Copy	1
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00 MAY 17 AM 8:46

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ARTICLES OF CORPORATION
OF

The undersigned Incorporator(s), for the purpose of forming corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:
INSTITUTO NATURALISTA, CORP.

The principal place of business of this corporation shall be:
921 S.W. 27th Ave, Suite 2-A. Miami, Florida 33135

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of United States, the States, the State of Florida, or any other state, county, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:
1000 Shares at \$1.00 per value

ARTICLES IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer (s) and director(s), if any who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

Milagros Gliksman (President)
11247 S.W. 88 st. Apt. F-216
Miami, Fl 33176

Zoila Paredes (Administrator)
11247 S.W. 88 st. Apt. F-216
Miami, Fl 33176

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of Incorporation is(are):

Milagros Gliksman
11247 S.W. 88 St APT. F-216
Miami, Florida 33176

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of incorporation this, 17th day of May of 2000.

Signature(s) of incorporator(s)


(President)

CERTIFICATE OF DESIGNATION**REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned Corporation, organized under the laws of State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

INSTITUTO NATURALISTA CORP.

2. The name and address of the registered agent and office is:

MILAGROS GLIKSMAN

(P.O. BOX NOT ACCEPTABLE)

921 S.W. 27TH Ave. Suite 2-A. Miami, Florida 33135

(CITY/STATE/ZIP)

SIGNATURE

Milagros Glikzman

TITLE

President

DATE:

5/17/2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:

Milagros Glikzman

DATE:

5/17/2000

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