

TRANSMITTAL LETTER

P01000104778

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

SUBJECT: ALTAVISTA GROUP, INC.
 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800004657138--8
 -10/29/01--01053--005
 *****78.75 *****78.75

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: JUAN GABRIEL ALTAVISTA
 Name (Printed or typed)

940 LINCOLN ROAD, SUITE 320
 Address

MIAMI BEACH, FL 33139
 City, State & Zip

(305) 502-9322
 Daytime Telephone number

FILED
 01 OCT 29 PM 1:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

T. Burch OCT 30 2001

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:

ALTAVISTA GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

940 LINCOLN ROAD - SUITE 320
MIAMI BEACH, FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DOING BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1,000 (ONE THOUSAND)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JUAN GABRIEL ALTAVISTA - PRESIDENT
940 LINCOLN ROAD SUITE 320
MIAMI BEACH, FL 33139

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JUAN GABRIEL ALTAVISTA
940 LINCOLN ROAD SUITE 320
MIAMI BEACH, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUAN GABRIEL ALTAVISTA
940 LINCOLN ROAD - SUITE 320
MIAMI BEACH, FL 33139

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA