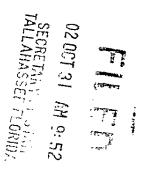
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TRANSMITTAL LETTER

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

SUBJECT: Cova	irrubias Travel and Envíos,	· ·			
	(PROPOSED CORFORA	iename-munerior	HDMSH104DX)		
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	da check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	Joel Cedeño				
•	Name	(Printed or typed)			
1356 SW 8th Street, Suite 205					
Address					
	Miami, FL 33135-3973				
•	City, State & Zip				
	(786) 586-5841				
•	Daytime Telephone number				

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: Covarrubias Travel and Envios, Corporation	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	02 (TALL
1356 SW 8 ^տ Street, Suite 205 Miami, FL 33135-3973	DCT 31
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	TES TES
Miscellaneous services	AH 9: 52 UF STATL E FLORIDA
ARTICLE IV SHARES The number of shares of stock is:	·
One thousand (1,000)	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	garanta di seria di s
Joel Cedeño 1356 SW 8 th Street, Suite 205 Miami, FL 33135-3973	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Joel Cedeño 1356 SW 8th Street, Suite 205 Miami, FL 33135-3973	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Joel Cedeño 1356 SW 8 th Street, Suite 205 Miami, FL 33135-3973	
**************************************	orporation at the place designated in thi

Signature/Registered Agent

Signature/Incorporator

027. 16 10 2 Date

Date