

Sep 03 03 03:35p

ULTIMATE MEDICAL BILLING 3052638700

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Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : ULTIMATE MEDICAL BILLING, INC.
Account Number : I20030000011
Phone : (305) 263-9500
Fax Number : (305) 263-8700

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

LatinWorld Distributor, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Article of Incorporation.

ARTICLE I - NAME

Latin World Distributor, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

9601 SW 142 Avenue
Miami, FL 33186

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jorge Rodriguez
4730 NW 107 Ave, # 1103
Miami, FL 33178

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TALLAHASSEE, FLORIDA

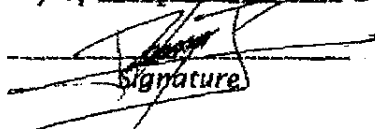
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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Jorge Rodriguez
4730 NW 107 Ave, #1103
Miami, FL 33178

The undersigned incorporator has executed these Articles of Incorporation this 3rd day of September, 2003


Signature

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TALLAHASSEE, FLORIDA

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

JORGE RODRIGUEZ
4730 NW 107 Ave, #1103
Miami, FL 33178

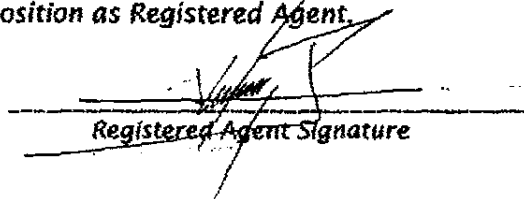
DIRECTOR

Juana Maria Lopez
9601 SW 142 Ave
Miami, FL 33186

DIRECTOR

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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 Signature

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