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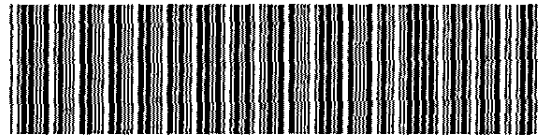
Esteban Vargas GAVE

AUTHORIZATION BY PHONE TO

CORRECT PURPOSE

DATE 9-8-04

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: ESTEBAN VENTURES, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ESTEBAN D. VARGAS
Name (Printed or typed)

19477 NE 10TH AVE. # 306
Address

NORTH MIAMI, FLORIDA 33179
City, State & Zip

786-712-1944
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:

ESTEBAN VENTURES, P. A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

19477 NE 10th AVE. APT. 306
NORTH MIAMI, FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of Accounting

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SONIA RAINBAUM
14050 BISCAYNE Blvd., Apt. 418
NORTH MIAMI, FL 33181

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SECRETARY
SONIA RAINBAUM
14050 BISCAYNE Blvd., Apt. 418 NORTH MIAMI, FL 33181

ARTICLE VII INCORPORATOR

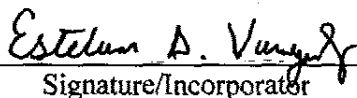
The name and address of the Incorporator is:

ESTEBAN A. VARGAS
19477 NE 10th AVENUE # 306 NORTH MIAMI, FL 33179

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

9/1/2004
Date


Signature/Incorporator

9/1/2004
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA