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(Requestor's Name)
(Address)
(Address)
(1941033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2511155)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Eilieu Officer
Special Instructions to Filing Officer:





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TRANSMITTAL LETTER

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

SUBJECT: Carli	z Management Latin Servic	es, Inc.			
50 5 0 5 0	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	_	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	-	
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM:	Ita J. C	ampos (Printed or typed)			
	432 Wright Drive Address		Fig.	04	
	Lake Worth, Florida 33461 City, State & Zip		Free .	OS MAP 22 E.	
	561-632-3079			F STATE	•
	Daytime Telephone number			<u>≂</u> ≓ 9	

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

ARTICLES OF INCORPORATION

FOR

Carliz Management Latin Services, Inc.

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

ARTICLE I ____NAME

The name of the corporation shall be:

Carliz Management Latin Services, Inc.

ARTICLE II PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be:

Carliz Management Latin Services, Inc. 3923 Lake Worth Road, Ste. 213
Lake Worth, Florida 33461

05 HAR 23 PM 3: 06 FALL FACTOR STATE FALL FACTOR FLORIDA

ARTICLE III SHARES

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

100,000 SHARES OF COMMON STOCK HAVING A PAR VALUE OF ONE CENT (\$0.01) PER SHARE

ARTICLE IV REGISTERED AGENT AND AGENT'S STREET ADDRESS

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

Ita J. Campos 432 Wright Drive Lake Worth, Florida 33461

ARTICLE V INCORPORATOR(S)

The <u>name and address</u> of the incorporator(s) to these Articles of Incorporation are:

Ita J. Campos 432 Wright Drive Lake Worth, Florida 33461

ARTICLE VI OFFICERS AND DIRECTORS

The name(s) and addresses of the Officers and Directors of this Corporation are:

President/Secretary/Treasurer:

Ita J. Campos 432 Wright Drive Lake Worth, florida 33461

ARTICLE VII SUBSCRIBERS

The name of each subscriber and the number of shares of stock each agrees to take are:

Ita J. Campos: 100,000 SHARES

Ita J. Campos, INCORPORATOR

DATE

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ita J. Campos/REGISTERED AGENT

DATE