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DIVISION OF CARTE ATION

TRANSMITTAL LETTER

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

SUBJECT: PALOM	IA MENSAJERA CO		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FROM: MA	RIA ISABEL RAMOS	(Printed or typed)	
	361 E 39 ST	Address	
	HIALEAH, FL 33013 City,	, State & Zip	
	305-823-5891 Daytime 7	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)

DIVISION OF COMPONDATION

05 MAR 22 AM 7: 36

ARTICLE I NAME

The name of the corporation shall be:

PALOMA MENSAJERA,CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 361 E 39 ST HIALEAH, FL 33013

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MONEY WIRE, TRAVEL AND MAIL PACKAGES

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): KENIA ALVAREZ SECRETARY AND TREASURER MARIA ISABEL RAMOS PRESIDENT

ARTICLE VI REGISTERED AGENT

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

MARIA ISABEL RAMOS 361 E 39 ST HIALEAH, FL 33013

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: MARIA ISABEL RAMOS

361 E 39 ST HIALEAH, FL 33013

Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree	
Marin	3/15/05
Signature/Registered Agent	Date
Mauro	3/15/05

Signature/Incorporator

Date