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OS HIN OF CORFORATIONS

TRANSMITTAL LETTER

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

SUBJECT:	Colombia)/ - \	
-	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the artic	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 of Status PPY REQUIRED	
FROM: Gloria Franceschio Name (Printed or typed) 4048 Hallard Pt Cf.				
	Orlando	Address —	32810	
	407 - 4	State & Zip 45 - 9 elephone number	749	

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: Colombia Posifiva, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
4048 Stallard Pt. Ct Orlando, Fo
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Any and All Lawful Business
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
Luis G. Echeverri-P Horica I. Franceschi-V
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Coloria Franceschi 4048 Phalland Pt Ct Orlando, FC
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Gloria Franceschi
4048 Mallard P+C+ Orland FC 32810
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I imfamiliar with and accept the appointment as registered agent and agree to act in this capacity
Na 10-16-05
$\frac{O(e-16-0.5)}{O(e-16-0.5)}$ Date $O(e-16-0.5)$
$\frac{\sqrt{16-16-65}}{\text{Signature/Incorporator}}$