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WOS-34275

# EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address (305) 444-4994 CORAL GABLES, FL 33134 City/State/Zip Phone # OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Walk in Mail out Will wait Photocopy Certificate of Status AMENDMENTS NEW FILINGS

OTHER FILNGS
Annual Report
Fictitious Name
Name Reservation

Profit

Other

NonProfit

Limited Liability

Domestication

 ;	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Amendment

Merger

Resignation of R.A., Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Examiner's Initials	
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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 18, 2005

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: LATIN SOUVENIRS CORP.

Ref. Number: W05000034275

We have received your document for LATIN SOUVENIRS CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you have the same signature for the registered agent and the incorporator and within your articles you have 2 different names. Please verfly and correct.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filings Section

Letter Number: 305A00047053

## 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:

Intelli-med Group, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5834 Sw 50 Fee Migni, FL 33155

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any all law-ful 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):

Gabriel Ramos - President 5834 Sw 50 Per Migni, FL 3315

### ARTICLE VI REGISTERED AGENT

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

Gabriel RAMOS 5834 SU SO PEL MAM , RE 33155

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gabriel Ramos 5834 SW 50 Ter Ulami, FL 33155

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, f am familiar with and accept the appointment as registered agent and agree to act in this capacity

7 Signature/Registered Agent

Signature/Incorporator

Date

-Date