Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000273239 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number: I19990000017 Phone : (305) 485-9300

(305) 485-1098

FLORIDA PROFIT CORPORATION OR P.A.

EXPERIENCE SOUTH AMERICA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

7. Ephpera MOA 5 8 5002

Hos 0002732393

ARTICLES OF INCORPORATION

OF

EXPERIENCE SOUTH AMERICA, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

EXPERIENCE SOUTH AMERICA, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate

name:

EXPERIENCE SOUTH AMERICA, INC.

BERRIZ & GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 H050002732393.

OS NOV 28 PM 1: 20

4050002732393

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

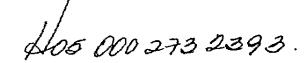
The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

LILLIAN CROSS 15305 SW 209 AVE MIAMI, FL. 33187

The principal office shall be:

15305 SW 209 AVE MIAMI, FL. 33187

H05000 273 2393.



ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO (02)** person, and the name and address of the person who is to serve as an initial director is:

LILLIAN CROSS 15305 SW 209 AVE MIAMI, FL. 33187

PRESIDENT

PETER TERRY 15305 SW 209 AVE MIAMI, FL. 33187 VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

LILLIAN CROSS 15305 SW 209 AVE MIAMI, FL. 33187

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 7 NOVEMBER 2005.

LILLIAN CROSS

ARTICLE VII

THIS CORPORATION WILL START OPERATING ON JANUARY 1ST, 2006.

Los 000 273 2393.

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

EXPERIENCE SOUTH AMERICA, INC.

2. The Name and Address of the registered agent and office is

LILLIAN CROSS 15305 SW 209 AVE MIAMI, FL. 33187

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.

SIGNATURE

Dated: NOVEMBER 7, 2005

HO5 000 273 2393.

05 NOV 28 PM 1: 24