

P060000 42103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

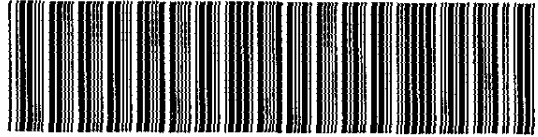
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000067756540

03/22/06--01004--009 \*\*78.75

FILED

06 MAR 22 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

06 MAR 22 AM 9:22

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Tras la Imagen de un Rostro, Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF CORPORATION

OF

**TRAS LA IMAGEN DE UN ROSTRO, INC**

FILED  
06 MAR 22 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF INCORPORATION, DESIRING TO FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, DOES HEREBY ACCEPT ALL THE RIGHTS AND PRIVILEGES, BENEFITS AND OBLIGATIONS CONFERRED AND IMPOSED BY SAID LAWS AND DOES HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION AS THE CHARTER OF THE CORPORATION HEREBY ORGANIZED.

ARTICLE I

NAME

THE NAME OF THE CORPORATION SHALL BE:

**TRAS LA IMAGEN DE UN ROSTRO, INC.**

ARTICLE II

DURATION

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE, COMMENCING UPON THE FILING OF THESE ARTICLES OF INCORPORATION WITH THE DEPARTMENT OF THE STATE OF FLORIDA.

ARTICLE III

PURPOSE AND POWERS

THIS CORPORATION IS ORGANIZED TO THE PURPOSE OF ENGAGING IN ALL LAW FULL BUSINESS PERMITTED TO A CORPORATION ORGANIZED UNDER THE FLORIDA GENERAL CORPORATION LAW AND THE LAWS OF THE UNITED STATES AND SHALL HAVE ALL THE POWERS SET FORTH IN SAID LAWS.

ARTICLE IV  
CAPITAL STOCK

THE AMOUNT OF CAPITAL STOCK AUTHORIZED SHALL CONSIST OF - 500 - SHARES OF COMMON STOCK HAVING A PAR VALUE OF \$ 1.00 PER SHARE PAYABLE IN LAWFUL MONEY OF THE UNITED STATES OF AMERICA, OR IN OTHER PROPERTY, TANGIBLE OR INTANGIBLE, OR IN LABOR OR SERVICES ACTUALLY PERFORMED FOR THE CORPORATION AT A JUST VALUATION TO BE FIXED BY THE BOARD OF DIRECTORS OR THE SHAREHOLDERS OF THIS CORPORATION.

THE CAPITAL STOCK OF THE CORPORATION MAY AT ANY TIME BE INCREASE OR DECREASE AS PROVIDED BY THE LAWS OF FLORIDA.

ARTICLE V  
INITIAL CAPITAL

THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION SHALL BEGIN BUSINESS IS NOT LESS THAN FIVE HUNDRED DOLLARS ( \$ 500.00 )

ARTICLE VI  
INITIAL CORPORATE ADDRESS AND  
INITIAL REGISTERED OFFICE AND AGENT

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION IS:  
**8370 NW 103 STREET #201, HIALEAH GARDEN, FL 33016**

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS CORPORATION IS:  
**8370 NW 103 STREET # 201, HIALEAH GARDEN, FL 33016**

NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION AT THAT ADDRESS IS:

**MARIA ISABEL PEREZ**

ARTICLE VII

INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE DIRECTOR (S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DECREASED FROM TIME TO TIME BY ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE BY - LAWS.

THE NAMES AND ADDRESS OF THE INITIAL DIRECTORS OF THIS CORPORATION ARE:

NAMES	STATUS	ADDRESS
MARIA ISABEL PEREZ	PRESIDENT/ SECRETARY	8370 NW 103 STREET # 201 HIALEAH GARDEN, FL 33016
JANETTE TESTERMAN	VICEPRESIDENT	8370 NW 103 STREET # 201 HIALEAH GARDEN, FL 33016

ARTICLE VIII

INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR OF THIS CORPORATION IS:

MARIA ISABEL PEREZ  
8370 NW 103 STREET # 201, HIALEAH GARDEN, FL 33016

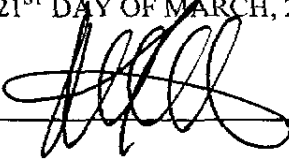
ARTICLE IX

AMENDMENT

UNLESS OTHERWISE SET FORTH HEREIN, THE CORPORATION RESERVE THE RIGHT, IN ACCORDANCE WITH THE FLORIDA GENERAL CORPORATION LAW, TO AMEND, ALTER MODIFY, OR REPEAL ANY PROVISION OR PROVISIONS, CONTAINED IN THESE ARTICLES OF INCORPORATION, OR ANY AMENDMENT HEREIN, AND ANY RIGHTS CONFERRED UPON THE SHAREHOLDERS IS SUBJECT TO THIS RESERVATION.

IN WITNESS WHEREOF, THE ABOVE NAMED INCORPORATOR

SUBSCRIBED HIS NAME THIS 21<sup>ST</sup> DAY OF MARCH, 2006

  
\_\_\_\_\_

ARTICLE X

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to provision of Section 607.325, 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.

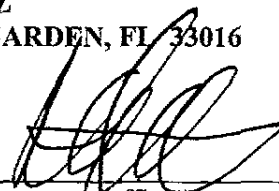
1. The name of the corporation is:

**TRAS LA IMAGEN DE UN ROSTRO, INC**

2. The name and address of the registered agent and office is

**MARIA ISABEL PEREZ**  
**8370 NW 103 STREET # 201, HIALEAH GARDEN, FL 33016**

SIGNATURE \_\_\_\_\_

  
(corporate officer)

TITLE \_\_\_\_\_

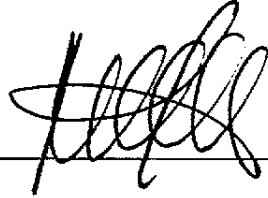
**PRESIDENT**

DATE \_\_\_\_\_

**03/21/2006**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE,  
I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO  
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE  
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT  
THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE \_\_\_\_\_

A handwritten signature in black ink, appearing to be "H. J. [unclear]", written over a horizontal line.

DATE \_\_\_\_\_

03/21/2006.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR 22 AM 10:48

FILED