

PO 70008823171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Latin Help Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Karyann Villalobos  
Name (Printed or typed)

8555 Lake Florence Blvd  
Address

Orlando, FL 32818  
City, State & Zip

407 427 9963  
Daytime 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)

### ARTICLE I NAME

The name of the corporation shall be:

Latin Help Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8555 Lake Florence Blvd  
Orlando, Fl 32818

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Translating from English to Spanish, notary,  
application help.

### ARTICLE IV SHARES

The number of shares of stock is: 10

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

- Karyann Villalobos (President)
- Pedro Villalobos (Vice President)
- Pedro Villalobos (Secretary)
- Karyann Villalobos (Treasurer)

### ARTICLE VI REGISTERED AGENT

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

Karyann Villalobos  
8555 Lake Florence Blvd  
Orlando, Fl 32818

### ARTICLE VII INCORPORATOR

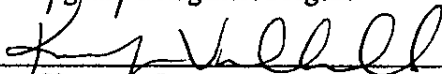
The name and address of the Incorporator is:

Karyann Villalobos  
8555 Lake Florence Blvd  
Orlando, Fl 32818

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA