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PICK-UP WAIT MAIL

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2009 FEB 18 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PUNTOENVIOS 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: JOHANNA TUSA

Name (Printed or typed)

4244 PALM BAY CIRCLE APTO A.

Address

WEST PAM BEACH.FL 33406

City, State & Zip

02/07/2009 (561-5030668)

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:

PUNTOENVIOS- Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4244 PALM BAY CIRCLE APTO-A WEST PAM BEACH FL 33406

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:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHANNA TUSA, 4244 PALM BAY CIRCLE, APTO -A WEST PAM BEACH FL 33406, (P)

KAREN JACINTO, 4244 PALM BAY CIRCLE, APTO-A WEST PAM BEACH FL-33406 (V.P)

ARTICLE VI REGISTERED AGENT

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

JOHANNA TUSA, 4244 PALM BAY CIRCLE APTO -A WEST PAM BEACH FL 33406, (P)

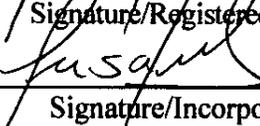
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

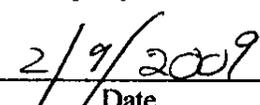
JOHANNA TUSA, 4244 PALM BAY CIRCLE APTO -A WEST PAM BEACH FL 33406, (P)

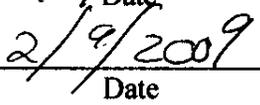
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA