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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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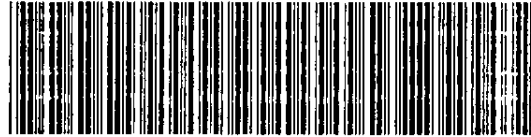
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAR 28 PM 1:20

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EX-105 MAR 30 2011

## COVER LETTER

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

SUBJECT: Mas Alla De La Luz Corporation

(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: Guillermina Varela

Name (Printed or typed)

421 N Dixie Hwy

Address

Lake Worth, FL 33460

City, State & Zip

561-543-1708

Daytime Telephone number

curandoconlosangeles@usa.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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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**

Mas Alla De La Luz Corporation  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
421 N Dixie Hwy  
Lake Worth, FL 33460

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under the laws of the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 common shares per value \$0.01

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Guillermina Varela President, Director</u>	Name and Title: _____
Address: <u>421 N Dixie Hwy</u>	Address: _____
<u>Lake Worth, FL 33460</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Juan Carlos Sampson  
Address: 1495 Forest Hill Blvd Suite A1  
West Palm Beach, FL 33406

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Guillermina Varela  
Address: 421 N Dixie Hwy  
Lake Worth, FL 33460

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TALLAHASSEE, FLORIDA

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

Juan Sampson  
Required Signature/Registered Agent

03/21/2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]  
Required Signature/Incorporator

03/21/2011  
Date