## P/100080439

(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:			
Karen Moore			
consuladd SUHAY Correct 2 / codes			
pan ex va (9) See voor			

Office Use Only



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## **COVER LETTER**

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

SUBJECT: Latitudes & Attitudes	
(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Karen P. Moore Name	(Printed or typed)
7560 NW 14 Place	Address
Miami, Florida 33147 City,	State & Zip
305-632-5302 Daytime T	elephone number
newsynergies@gmail.com E-mail address: (to be used	d for future annual report notification)

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)

	rporation shall be:			
RTICLE II	PRINCIPAL OFFICE Principal street address	Mailin <b>e</b>	Mailing addies liddifferent is:	
7	560 NW 14 Place		positive on its	
	Miami, Fl. 33147			
-				
RTICLE III				
rie purbose events.	aithe comorainair is to provide s	services related to tourism	and cultural heritage	
<b>ARTICLE IV</b> The number of sha	SHARES 50 shares valued at \$	1 per share.		
	res of stock is: INITIAL OFFICERS AND/OR DIR	RCTORS		
	itleKaren Moore /CEO			
Address:	341-2 Ivesdairy Road	Address:		
	Miami, Florida			
	33179		<b>→</b> ≤ <sub>S</sub>	
			rn aΩ	
	ìtle:	Name and Title:	- 07-	
Address:			OZE	
			P 200	
Name and T	itle:	Name and Title:	•• >¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬	
Address:		Address:	<u> </u>	
			(n	
ARTICLE VI	REGISTERED AGENT			
The <u>name and Flo</u>	orida street address (P.O. Box NOT accep	otable) of the registered agent is:		
Name:	Karen Moore	<del>, , , , , , , , , , , , , , , , , , , </del>		
Address:	<del></del>			
	Miami, Fl. 33179			
ARTICLE VII	INCORPORATOR			
	dress of the Incorporator is:			
Name:	Karen Moore			
Address:	341-2 Ivesdairy Road			
Having been nan	ned as registered agent to accept service of	of process for the above stated corp	poration at the place designated	
his certificate, I a	m familiar with and accept the appointme	ent as registered agent and agree to	act in this capacity	
Han	1. Moon		September 6,2011	
	Required Signature/Registered A	gent	Date	
I submit this doc locument to the I	ument and affirm that the facts stated ho Department of State constitutes a third deg	erein are true. I am aware that th ree felony as provided for in s.817.	ne false information submitted it 155, F.S.	
3	f June		Seatenber 6 201	
			J. 77	