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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
`	•	,
(Do	ocument Number)	
(5.	,	
Certified Copies	Certificates o	f Status
Certified Copies		
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: The Latin American Wi	ne festival Inc.
(PROPOSED CORPORA	TE 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: Octavio Ramos	(Printed or typed)
1924 SW 142nd Place	· · · ·
<i></i>	Address
Miami, Florida 33175 City,	State & Zip
786 253-6075 Daytime T	elephone number
umramos@bellsouth.net E-mail address: (to be used	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)

ARTICLE II	PRINCIPAL OFFICE				
	Principal street address		Mailing address	, if different is:	
	924 SW 142nd Place			·	
7	Miami, Fl. 33175		····		
-				2-22	2
RTICLE III					
	hich the corporation is organized is: profit scheduled exhibitions and lect	ron on Lati	in Amorican win	o prodilate	SEP -
Conduct for b	Join Scheduled exhibitions and lecti	iles on Lau	III AMERICAN WIN	ie products.	r
	,			ក្រុំ។ ក្រុស	9 .
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ARTICLE IV				⊊rri	(L)
The number of shar	res of stock is:1				~
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS			
	itle:Octavio Ramos, President		Title:		
Address:	1924 SW 142nd Place	Address:			
	Miami, Fl. 33175				
				· · · · · · · · · · · · · · · · · · ·	
Name and Ti	itle: <u>Ileana Bequer-Ramos, Secretary</u>	Name and	Title.		
Address:	1924 SW 142nd Place	Name and			
Address.	Miami. Fl.33175				
	Midifii, 11.0017.0	. • • •			
	itle:	Name and			
Address:					
			•		
	REGISTERED AGENT				
	rida street address (P.O. Box NOT acceptable)		d agent is:		
Name:	Octavio Ramos				
Address:	1924 SW 142nd Place				
	Miami, Fl. 33175				
ARTICLE VII	INCORPORATOR				
	Iress of the Incorporator is:				
Name:	Octavio Ramos				
Address:	1924 SW 142nd Place				
	Miami, Fl. 33175				
	ed as registered agent to accept service of proc				esignated
his certificate, I ai	m familiar with ayld accept the appointment as r	egistered agent	t and agree to act in t	his capacity	
				0-11	. /
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Required Signature/Registered Agent			9-16-1 Date	//
	Required Signature/Registered Agent			Date	
submit this door	ment and affirm that the facts stated herein a	re true. I am i	aware that the false	information sui	bmitted is
locument to the D	epartment of State constitutes a <u>third</u> degree felo	ony as provided	for in s.817.155, F.S	S.	
		- Ware Market and American			
				9-16-1	
	Required Signature/Incorporator		_		

4.