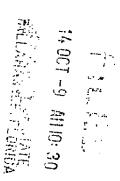
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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
i	Office Use On	lv



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COVER LETTER

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

SUBJECT: U-L	atino D.S.C. Cor	p.	
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		do Fernandez e (Printed or typed)	
	3900 NW 7	79 Ave Suite	328
		Address	
Doral FL 33166			
	•	State & Zip	
		346-6417 Telephone number	
	hernand	dof@gmail.co	notification)
	L-man address, (to be use	a for fature annual report	nonneamon)

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 NAMI The name of the corporation	Eon shall be: U-Latino D.S.C	C. Corp.	
ARTICLE II PRIN	CIPAL OFFICE Principal street address		lailing address, if different is:
Suite			
Doral FL	. 33166		
ARTICLE III PURP The purpose for which the	ose corporation is organized is: Any a	and all lawf	ul business.
			2015 2015
			4 00 m
			100 mg/s (100 mg/s) (1
ARTICLE IV SHAP	RES 400		7.00 3 0
	AL OFFICERS AND/OR DIRECTO Hernando Fernande		
Address _	3900 NW 79 Ave	Address:	9272 SW 220 St
- -	Suite 328 Doral FL 33166	- -	Cutler Bay FL 33190
Name and Title:_		Name and Title:_	
Address _		Address: _	
-			
Name and Title:_		Name and Title:_	
Address _		Address:	
-			

Name and	Title:	Name and Title:
Address		_ Address:
	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) o Alonso Mendoza	f the registered agent is:
Address:	9272 SW 220 St Cutler Bay FL 33190	
ARTICLE VII The name and add Name: Address:	INCORPORATOR dress of the Incorporator is: Hernando Fernandez 3900 NW 79 Ave Suite 328	T-9 AM 10: 30
Having been nam this certificate, I a	m familiar with and accept the appointment as ret	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity 10/2/2014
	Required Signature/Registered Agent	Date
I submit this docu document to the D	$\mathbb{V}\setminus\mathbb{V}$	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S. 10/2/2014
	Required Signature Incorporator	Date