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Division of Corporations Page 1 of

Florida Department of State
Division of Corporations
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15 AUG 11 AM 9:59

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LATINO SUCCESS MANAGEMENT CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: LATINO SUCCESS MANAGEMENT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:
C/O MAYRA CORREA
221 HAWTHORNE AVE APT 427
CENTRAL ISLIP, NY 11722

Mailing address, if different is:
C/O MAYRA CORREA
221 HAWTHORNE AVE APT 427
CENTRAL ISLIP, NY 11722

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAYRA CORREA/DIRECTOR
Address: 221 HAWTHORNE AVE APT 427, CENTRAL ISLIP, NY 11722

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(cont.)

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: MAURICIO LONDONO

Address: 3714 PALM DESSERT LANE APT 5336

ORLANDO, FL 32839

ARTICLE VII INCORPORATOR

The *name and address* of the incorporator is:

Name: MAYRA CORREA

Address: 221 HAWTHORNE AVE APT 427

CENTRAL ISLIP, NY 11722

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

X Mauricio Londono 8/4/15

Required Signature/Registered Agent 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.

X MAYRA CORREA 8/4/15

Required Signature/Incorporator Date