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SECRETARY OF STATE
TALL ARASSEE FLORIDA

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

VALOR LATIN GROUP INC. SUBJECT:					
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:		
□ \$70.00	\$78.75	\$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
-	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
;			Status		
		ADDITIONAL CO	PY REQUIRED		

M:	KAUFMAN TAX & FINANCIAL INC.			
	Name (Printed or typed)			
	25 GETZIL BERGER BLVD # 301			
	Address			
	MONROE, NY 10950			
	City, State & Zip			
	845-783-9175 X 101			
	Daytime Telephone number			
	TAX@KAUFMANTAX.COM			
	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)

FII FD

ARTICLE I NAME The name of the corpor	E VALOR LATIN GROUP I	NC. 16 APR 12 PM 4:	-1 6
ARTICLE II PRIN	CIPAL OFFICE		
8316 NW 14TH STRI	Principal street address	SECRE TARY OF THE MAILING Address; Maifferent IST	VEL UDA
DORAL, FL 33126	SE I		
DORAL, 11 33120			
ARTICLE III PURF	POSE the corporation is organized is:		
	Il act or activity for which a corporation n		
		Name and Title:	
Address	8316 NW 14TH STREET	Address:	
	DORAL, FL 33126		
Name and Titl	e:	Name and Title:	
Address	***************************************	Address:	
Name and Titl	a.	Name and Title:	
Address	 	Address:	

FILED

:Name a	nd Title:	Name and T	me: 10 APR 12 PH L: 15
Address			SECRETARY OF STATE TALLAHASSEE FLORIDA
			ALL AHASSEE FLORIDA
and the state of t			
RTICLE VI The name and I	<u>REGINTERED AGENT</u> Florida street address (P.O. Box NOT accep	table) of the registered	agent is:
Name:	JOSE MALEH, PRESIDENT		
Address:	8316 NW 14TH STREET	The continues of the continues	
100.000.	DORAL, FL 33126		
PTICLE VII	D'CORDOR (TOR		
KIICLEVII	INCORPORATOR		
he <u>name and a</u>	ddress of the Incorporator is:		
Name:	JOSE MALEH	I and a . Fig. Chiange agreement	
Address:	8316 NW 14TH STREET		
	DORAL, FL 33126		
RTICI F VIII	EFFECTIVE DATE:		
ffective date, if	other than the date of filling:	((OPTIONAL)
f an effective o ays after the fi	date is listed, the date must be specific and	i cannot be more that	n five business days prior or 90 business
•	e inserted in this block does not meet the app	lianhla statutom Clinu	
ne document's o	effective date on the Department of State's re	cords.	requirements, uns date will not be itsted a
laving been na	med as registered agent to accept service of	process for the above	stated corporation at the place designated
nis certificate, I	am familiar with and accept the appointmen	nt as registered agent a	and agree to act in this capacity
**	000		04/05/2016
	Required Signature/Registered Age	ent	Date
submit this doc ocum en t to the	cument and affirm that the facts stated here Department of State constitutes a third degre	ein are true. I am awa ee felony as provided f	are that the false information submitted in or in s.817.155, F.S.
-	50- V	-	04/05/2016
Requ	ired Signature/Incorporaçor		Date