

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION

Montana Interamerica Corporation

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICLE II PRINC	IPAL OFFICE			
1 m 2 0 0 4	Principal street address	Mailing	address, if different is:	-
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,FL 33122			· · · · · · · · · · · · · · · · · · ·	
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PURPO Purpose for Which the				
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	L OFFICERS AND/OR DIRECTOR Jorge E. Tovar PD 459 Coral Way	Name and Title:		
mimber of shares of <u>FICLE V INITIA</u> Name and Title	L OFFICERS AND/OR DIRECTOR Jorge E. Tovar PD	Name and Title:		
mmber of shares of FICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTOR Jorge E. Tovar PD 459 Coral Way	Name and Title:Address:		
mmber of shares of FICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTOR Jorge E. Tovar PD 459 Coral Way Coral Gables, FL 33134	Name and Title:Address:		
mimber of shares of <u>FICLE V INITIA</u> Name and Title	L OFFICERS AND/OR DIRECTOR Jorge E. Tovar PD 459 Coral Way Coral Gables, FL 33134	Name and Title:Address:		
mimber of shares of Incle V INITIA Name and Title Address Name and Title	L OFFICERS AND/OR DIRECTOR Jorge E. Tovar PD 459 Coral Way Coral Gables, FL 33134	Name and Title: Address: Name and Title:		
mmber of shares of TICLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTOR L Jorge E. Tovar PD 459 Coral Way Coral Gables, FL 33134 Juana I. Tovar STD 459 Coral Way	Name and Title: Address:		
mimber of shares of Incle V INITIA Name and Title Address Name and Title	L OFFICERS AND/OR DIRECTOR Jorge E. Tovar PD 459 Coral Way Coral Gables, FL 33134 Juana I. Tovar STD	Name and Title: Address: Name and Title:		
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Mame and Title Address Name and Title Address	L OFFICERS AND/OR DIRECTOR Jorge E. Tovar PD 459 Coral Way Coral Gables, FL 33134 Juana I. Tovar STD 459 Coral Way Coral Gables, FL 33134	Name and Title: Address: Name and Title: Address:		
Mame and Title Address Name and Title Address	L OFFICERS AND/OR DIRECTOR Jorge E. Tovar PD 459 Coral Way Coral Gables, FL 33134 Juana I. Tovar STD 459 Coral Way *Coral Gables, FL 33134	Name and Title: Address: Name and Title: Address: Name and Title:		

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	d Title:	Name and Title:	
Address		Address:	
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	V 19		
ARTICLE VI The name and F	REGISTERED AGENT Iorida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	Jose F. Padro		
Address:	2520 NW 97 Ave, Suite 120		
	Miami, FL 33172		17
<u>ARTICLE VII</u>	INCORPORATOR		ALL AND THE
The <u>name and a</u>	ddress of the Incorporator is:		8 P
Name:	Jose F. Padro		way =
Address;	2520 NW 97 Ave, Suite 120		
	Miami, FL 33172		
Effective date, if (If an effective of filing.) Note: If the date	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and inserted in this block does not meet the appl ffective date on the Department of State's rec	icable statutory filing requirem	s prior or so days after the
	TEERING BY OUT INC INCIDENTIFICATION OF PIRICE & LEG	orus.	
Having been na	med as registered agent to accept service of p am familiar with and accept the appointment	process for the above stated cor as registered agent and agree	poration at the place designated in to act in this capacity 3 –6–20/-
Having been na	ned as registered agent to accept service of p	t as registered agent and agree	to act in this capacity