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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973

Fax Number : (305)675-5944

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

Fmail Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION LATINOSBIZ CONSULTANCY CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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T. H.L.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

LatinosBiz Consultancy Corp.			
ARTICLE II PRINCIPAL OFFICE:			
The principal street address and mailing address is:			
11256 SW 71 LN, Miami, FL. 33173	-		
ARTICLE III SHARES: The number of shares of stock is: 100			
ARTICLE IV INITIAL DIRECTORS AND/OR OFFIC	ERS:		
Georgina Marianela Toledo (P)			
	- 	20	
	ECFI	2021 JUL 27	
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		21	
ARTICLE V INITIAL REGISTERED AGENT AND STREET	ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the regi	stered agent is:	:	
11256 SW 71 LN, Miami, FL 33173			
Georgina Marianela Toledo			
ARTICLE VI INCORPORATOR: The name and address of the I	ncorporator is:		
Georgina Marianela Toledo			
11256 SW 71 LN, Miami, FL 33173			

Required Signatures:

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

Registere (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.

| Date | Date

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SECRETARY OF STATE