97 APR 10 PH 3: 24 TRANSMITTAL LETTER Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 To To LUI, TWC
(Proposed corporate name - must include suffix) SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 **2** \$131.25 \$78.75 \$122.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED Luis VALDENEGEO
Name (Printed or typed) FROM: ____ 9800 BEL AIRE Dr.
Address

HIAMI, FLORIDA, 33157
City, State & Zip

NOTE: Please provide the original and one copy of the articles.

(305) 233-2519 Daytime Telephone number

ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

totoLvi, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9800 BEL AIREDA MIAMI, FL 33157

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(50) a (50)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis VALDENEGIO 9800 BEL AIRE DA. MIAMI, FL 33157

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Luis VALDENEGOD 9800 BEL AIRE DA HIAMI, FL33157 Liberato Nuñez PEPE VILA 351 LA REINA SANTIAGO, CHILE

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is to To Lui, TNC.
2.	The name and address of the registered agent and office is:
	Luis VALDENEGED (NAME)
	9800 BEL AIRE &R. (P. O. Box of Mail Drop Box NOT ACCEPTABLE)
	MIAMI FLORIDA, 33157 (CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

3-3/-9/7 (DATE)