

P98000080178

TRANSMITTAL LETTER

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

400002636794--2
-09/11/98-01023-002
*****78.75 *****78.75

SUBJECT: Lingva International, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Andreina Ojeda
Name (Printed or typed)
4254 Greenbriar Lane
Address
Weston, Fl. 33331
City, State & Zip
954-349-8088
Daytime Telephone number

98 SEP 11 PM 2:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

2

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Lingua International, Inc

ARTICLE II PRINCIPAL OFFICE

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

4254 Greenbriar Lane
Weston, Fl. 33331

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Joel D. Sanders, CPA
1625 No. Commerce Parkway #275
Weston, Fl. 33331

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Andreina Ojeda
4254 Greenbriar Lane
Weston, Fl. 33331



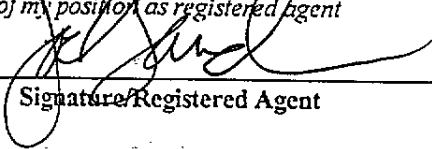
Signature/Incorporator

9/8/98

Date

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

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



Signature/Registered Agent

9/8/98

Date

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TALLAHASSEE FLORIDA