TRANSMITTAL LETTER 428 Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 200 \*\*\*\*\*78.75 Carnavales Santiagueros, Inc. **SUBJECT:** (Proposed corporate name - must include suffix) Carnivals of Santiagueros, mc. Enclosed is an original and one(1) copy of the articles of incorporation and 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 COPY REQUIRED Luis Bello FROM: Name (Printed or typed) 850 W 49th Stret #210 Address Hialeah, Florida 33012 City, State & Zip (954) 357-6817 Daytime Telephone number

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

REGISTER FEB 4 1999 w99 - 2565

# **ARTICLES OF INCORPORATION OF CARNAVALES SANTIAGUEROS, INC.**

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 CARNAVALES SANTIAGUEROS, INC.

#### Article II PRINCIPAL OFFICE

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

10250 S.W. 28th. Street Miami, Florida 33165

#### Article III NUMBER OF SHARES

The number of shares of stock that this corporation shall be authorized to have outstanding at any one time shall be: **ONE THOUSAND**.

# Article IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOSE H. PUJOL 10250 S.W. 28th. Street Miami, Florida 33165

## Article V INCORPORATOR

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

LUIS BELLO 850 W. 49th. Street, #210 Hialeah, Florida 33012

Incorporator

Date

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.

Registered Agent

Date

99 FEB -4 AM 8: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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