# 099000001674

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

500002940985--6 -07/26/99--01076--001 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: 2	ATIN American (Proposed corp	orate name - must include suf	iix) 4 <i>ne</i> .
Enclosed is an origin	al and one(1) copy of the artic	les of incorporation and a	check for:
□ \$70.00 . Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	£	ADDITIONAL CO	PY REQUIRED
FROM	Enriqueta :		
	8520 SW 133	Aue. Kd. # 22 Address	2
	Miami FL City	<b>33183</b> , State & Zip	<del> </del>
	(305) 385-6 Daytime	6835 Telephone number	99 JUL 26 SECRETAR TALLAHASS
			IL 26 ETAR HASS

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

## **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:

Latin American Translations, Inc.

# ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall \$8520 S.W. 133 Av. Rd.

#222

Miami, FL 33183

#### ARTICLE III. SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares, with a face value of one (1.00) dollar each.

# ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Enriqueta Saínz

8520 S.W. 133 Av. Rd.

#222

Miami, FL 33183

#### ARTICLE V. INCORPORATOR

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

Antonio Otero Sainz

8520 S.W. 133 Av. Rd.

#222

Miami, FL 33183

Signature / 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.

Signature / Registered Agent

7/23/99 Data

99 JUL 26 AM 7: 38
SECRETARY OF STATE
AND STATE