TRANSMITTAL LETTER PROMOSSION |

Department of State

Division of Corporations
P. O. Box 6327

Tallahassee, FL 32314

600002989576--4 -09/17/99--01040--016

			*****78.75	*****78.
SUBJECT:	AD SHOP LA (Proposed corpor	TINA The. rate name - must include su	ffix)	
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Veronica T. Name (Pr	Fulcon inted or typed)		
		th Street #4	SECRETARY TALLAHASSE	П
		3210 lephone number	7 AN 9:	LED

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

Trabula.

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.

ÀRTICLE I NAME		
The name of the corporation shall be:		
ADSHOP LATINA, Inc.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business and mailing address of this	s corporation shall be:	
8166 NW 10th Street, #4		
Miami, FL 33126		
ARTICLE III SHARES	v skladgegerine seks om - m e en	
The number of shares of stock that this corporation is auth-	orized to have outstanding at an	y one time is:
100 shares		en e
ARTICLE IV INITIAL REGISTERED AGEN	NT AND STREET ADDRE	.ss
The name and Florida street address of the initial registered	d agent are:	<u> </u>
Veronica T. falcón		₹° 0
8166 NW 10th Street, apt 4	- -	99)
ARTICLE V INCORPORATOR	 -	SEP F1
The name and address of the incorporator to these Article	es of Incorporation are:	SSR 17 I
Veroniea T. Falcon	The state of the s	
8166 NW 10th Street apt. 4		N 9:
Majni, Fr 33126	•	24 TE DDA
Meronica Calcon	9/6/99	
Signature/Incorporator	Date	2
// 1100 1 1 1		

(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. I have been required to the place designated	
certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co	ignaiea in thi
provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with an obligation of my active of my duties.	mpiy with the
OULKUNURS OF THY DOSILION LIST EQUILEYEN NORM	па ассерт та
Metomea Haleon 9/10/99	
- Janua Hallon 4/6/99	
Signature/Registered Agent Date	