

P99000/102809

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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MONTEFINO, CORP.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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-11/24/99-01052-001
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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV 24 PM 2:12

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 NOV 24 AM 11:55

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Examiner's Initials

ARTICLES OF INCORPORATION

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: **Montefino, Corp**

ARTICLE II PRINCIPAL OFFICE

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

**8305 sw 152 Ave Suite #514
Miami, Fl 33193**

ARTICLE III SHARES

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

600 Shares of \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Priscilla Villasenor
8305 sw 152 Ave Suite # 514
Miami, Fl 33193**

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TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

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

**Priscilla Villasenor
8305 sw 152 Ave, Suite #514
Miami, Fl 33193**

ARTICLE VI DIRECTOR(S)

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

**(1) Fabio Cordero
President**

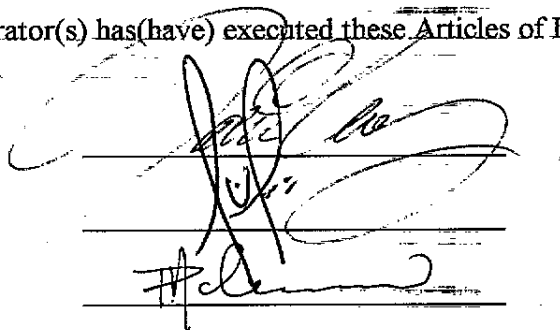
**(2) Juan G. Mesa
Vice-President**

**(3) Priscilla Villasenor
Secretary**

**(1)
400 CPW Apt 15 D
New York, NY 10025**

**(2) (3)
8305 sw 152 Ave #514
Miami, Fl 33193**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10 day of November, 1999.

The block contains three horizontal lines, each with a handwritten signature written over it. The signatures are in dark ink and appear to be cursive or stylized. The first signature is the most prominent and is located on the top line. The second signature is on the middle line, and the third is on the bottom line.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: **Montefino, Corp**
2. The name and address of the registered agent and office is:

Priscilla Villasenor

(NAME)

8305 SW 152 Ave #514

(P.O BOX NOT ACCEPTABLE)

Miami, Fl 33193

(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 A 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 A REGISTERED AGENT.

SIGNATURE _____



DATE _____

11/22/99

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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