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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

LUIS O. REVUELTA, P.A.

Certificate of Status	0
Certified Copy	1
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01 DEC 20 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. BULLOCK DEC 20 2001

(4)

ARTICLES OF INCORPORATION
OF
LUIS O. REVUELTA, P.A.

The undersigned incorporator(s), for the purpose of the forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I
NAME

The name of the corporation shall be:

LUIS O. REVUELTA, P.A.

ARTICLE II
PRINCIPAL OFFICE

The principal place of business shall be:

2560 S.W. 27TH Avenue
Miami, Florida 33133-2143

ARTICLE III
NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the state of Florida, or any other state, country, territory or nation. Architectural & Interior Design.

ARTICLE IV
SHARES

The aggregate number of shares of stock, the par value thereof and the characteristics of such stock shall be as follows:

<u>Number of Shares Authorized</u>	<u>Par Value/Share</u>	<u>Class of Stock</u>
100	\$1.00	Common

ARTICLE V
TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE VI
OFFICERS/ DIRECTORS

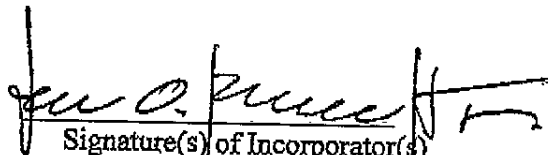
The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

Luis O. Revuelta
2560 S.W. 27th Avenue
Miami, Florida 33133-2143
President

ARTICLE VII
INCORPORATOR

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

Barbara Y. Revuelta
5200 S.W. 8th Street Suite 108
Coral Gables, Florida 33134-2300


Signature(s) of Incorporator(s)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered, in the State of Florida.

1. The name of the corporation:

LUIS O. REVUELTA, P.A.

2. The name and address of the registered agent and office is:

_____	Luis O. Revuelta	FILED 01 DEC 20 AM 11:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA
_____	2560 S.W. 27 th Avenue	
_____	(P.O. Box not acceptable)	
_____	Miami, Florida 33133-2143	
_____	(City/State/Zip)	

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.



 Signature/Registered Agent

12-20-01

 Date