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(Re	equestor's Name)		
(Ad	ldress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	→ #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Dc	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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SECRETARY OF STATE
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TRANSMITTAL LETTER

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

Financial Advisers	Inc			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
inal and one (1) copy of the arti	icles of incorporation and	l a check for:		
\$78.75	\$78.75	□ \$87.50		
		Filing Fee,		
& Certificate of Status	& Certified Copy	Certified Copy		
		& Certificate of		
		Status		
ADDITIONAL COPY REQUIRED				
Miguel Rishmague				
FROM: Miguel Rishmague Name (Printed or typed)				
13000 Mar Street				
Address				
Coral Gables, FL	33156			
City,	, State & Zip			
(305) Davtime 1	398-9065 elephone number			
	inal and one (1) copy of the articles \$78.75 Filing Fee & Certificate of Status Miguel Rishmague Name 13000 Mar Street Coral Gables, FL	inal and one (1) copy of the articles of incorporation and \$\frac{1}{2}\$ \$78.75 Filing Fee & Certificate of Status **ADDITIONAL CO Miguel Rishmague Name (Printed or typed) 13000 Mar Street Address		

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE

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ARTICLE I NAME

The name of the corporation shall be:

UCB Financial Advisers Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1150 South Miami Avenue Miami Fl, 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Financial Advise and Counseling.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ramiro Sugranes President & CEO 13581 SW 112 Avenue Miami Fl 33176

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Miguel Rishmague 13000 Mar Street Coral Gables Fl, 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Miguel Rishmague 13000 Mar Street

Coral Gables Fl 33156

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

5/31/05

Signature/Incorporator