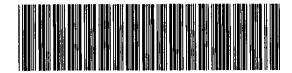
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| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
| (6.4) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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COVER LETTER

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

| SUBJECT: Th | E FUNES LAW (PROPOSED CORPORAT | Group, P. | Α. |
|----------------------|--|-------------------------------------|--|
| | (PROPOSED CORPORA) | TE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u>) |
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and | d a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | |
| | | | |
| | | | |
| FROM: | DANIEL FUNES | | |

Name (Printed or typed)

2655 Le Jeune Rd., Suite 542

Address

Coral Gables, FL 33134

City, State & Zip

786-487.8470

Daytime Telephone number

daniel Q funeslaw group. Com

E-mail address: (to be used for future annual report notification)

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)

| The name of the corporat | tion shall be: The Funes | LAW Group, F | P. A. |
|---|--|-------------------|----------------------|
| ~ | Principal street address eune Rd, Suite 542 S FL 33134 | Mailing addre | ss, if different is: |
| ARTICLE III PURPO The purpose for which t | DSE he corporation is organized is: TO D | rovide legal s | pervius |
| and to end this state | he corporation is organized is: To page in any lawful | lactivity allo | wed in |
| | | | 201 F 100 8167 |
| ARTICLE IV SHARE The number of shares of | | | PH 2: 15 |
| | <u>LOFFICERS AND/OR DIRECTORS</u> :: Daniel Funes/ Presiden | Name and Title | |
| Address | 2655 Le Jeune Rd Svite 542 Coral Gables, FL 331. | Address: | |
| Name and Title: | | | |
| | | | |
| Name and Title: | | _ Name and Title: | |
| Address | | | |

| Name and Title: | Name and Title: |
|--|---|
| Address | Address: |
| | |
| | |
| | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO | T acceptable) of the registered agent is: |
| Name: Daniel Funes | |
| | Le Rd, Suite 542 |
| Coral Gables, | FL 33134 |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Name: Daniel Fune | S 0 77 |
| Address: 2655 Le Jeur | ue Rd, Suite 542 |
| Coral Gables | s Le Rd, Suite 542 1Rd 33134 |
| ARTICLE VIII EFFECTIVE DATE: | |
| Effective date, if other than the date of filing: (If an effective date is listed, the date must be spe days after the filing.) | . (OPTIONAL) cific and cannot be more than five business days prior or 90 business |
| Note: If the date inserted in this block does not mee the document's effective date on the Department of S | t the applicable statutory filing requirements, this date will not be listed as State's records. |
| Having been named as registered agent to accept se this certificate, I am familiar with and accept the app | rvice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity |
| Required Signature/Regist | 10/12/16 |
| | |
| I submit this document and affirm that the facts sta document to the Department of State constitutes a th | ated herein are true. I am aware that the false information submitted in a ird degree felony as provided for in s.817.155, F.S. |
| Dama | 10/12/16 Date |
| Required Signature/Incorporator | Date |

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