

11/25/2018 11:06:11 AM From: 469441465 Date: 11/25/2018 Time: 11:20 AM  
 Division of Corporations

**P18000096058**

Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
 Account Number : 120180000011  
 Phone : (844)386-0178  
 Fax Number : (214)317-4754

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Mariano J. Rodriguez, CPA, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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 DIVISION OF CORPORATIONS

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Mariano J. Rodriguez, CPA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2600 Douglas Road, Suite 800 Coral Gables, Florida 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional accounting, tax, and consulting services to the public.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mariano J. Rodriguez, President Name and Title:

Address: 2600 Douglas Road, Suite 800 Address:

Coral Gables, Florida 33134

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Mariano J. Rodriguez

Address: 2600 Douglas Road, Suite 800

Coral Gables, Florida 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mariano J. Rodriguez

Address: 2600 Douglas Road, Suite 800

Coral Gables, Florida 33134


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
 Required Signature Registered Agent

11/26/18  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
 Required Signature Incorporator

11/26/18  
 Date

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