

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002730314--4

-01/05/99--01049--016

*****78.75 *****78.75

OFFICE USE ONLY

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

1. BERRIZ & GIRALDO P.A. INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
99 JAN -6 PM 4:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

7049-227
DIVISION OF CORPORATION
99 JAN -5 AM 11:13

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 5, 1999

LAZARUS

MIAMI, FL

SUBJECT: BERRIZ & GIRALDO, P.A. INC.
Ref. Number: W99000000221

We have received your document for BERRIZ & GIRALDO, P.A. INC.. However, the document has not been filed and is being returned for the following:

PLEASE list only ONE corporation or business SUFFIX.

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

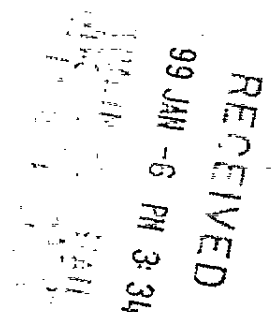
The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 799A00000384



ARTICLES OF INCORPORATION
OF

BERRIZ & GIRALDO P.A.

99 JAN -6 PM 4: 08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

BERRIZ & GIRALDO P.A.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz: The specific nature of business is: ACCOUNTING PRACTICE.

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate
name: **BERRIZ & GIRALDO P.A.**

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**CLARA BERRIZ
4080 SW 84 AV SUITE C
MIAMI, FL 33155**


The principal office shall be:

**4080 SW 84 AV SUITE C
MIAMI, FL 33155**

ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO (02)** person, and the name and address of the person who is to serve as an initial director is:

CLARA BERRIZ
4080 SW 84 AV SUITE C
MIAMI, FL 33155
S.S. 595-73-4812


PRESIDENT

ANTONIO BERRIZ
4080 SW 84 AV SUITE A
MIAMI, FL 33155
S.S. 140-36-7881


VICE-PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is:

CLARA BERRIZ
4080 SW 84 AVE SUITE C
MIAMI, FL 33155

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 04 day of JANUARY, 1999


CLARA BERRIZ

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision 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:

BERRIZ & GIRALDO P.A.

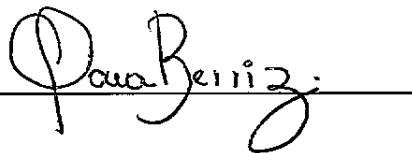
2. The Name and Address of the registered agent and office is

CLARA BERRIZ
4080 SW 84 AV SUITE C
MIAMI, FL 33155

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 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. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



Dated: JANUARY 04 , 1999