

Division of Corporations

Page 1 of 2

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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : BARTNAS & ASSOCIATES INC.
Account Number : 120000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

FILED
00 APR -4 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.**PROFESSIONAL CONSULTANTS SERVICES INC**

Certificate of Status	1
Certified Copy	0
Page Count	07
Estimated Charge	\$78.75



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 28, 2000

SIXTO FERNANDO ESCOBAR
7035 SW 111TH PLACE
MIAMI, FL 33173

SUBJECT: PROFESSIONAL CONSULTANTS SERVICES INC
Ref. Number: W00000008259

STIN Body
(4001)
Teresa
1742

We have received your document for PROFESSIONAL CONSULTANTS SERVICES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6933.

Teresa Brown
Corporate Specialist

Letter Number: 100A00017092

H00000015079 7

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

PROFESSIONAL CONSULTANTS SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**7035 SW 111TH PL
MIAMI FL 33173**

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**SIXTO FERNANDO ESCOBAR
7035 SW 111TH PL
MIAMI FL 33173**

H00000015079 7

H00000015079 7

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are)

SIXTO FERNANDO ESCOBAR
7035 SW 111TH PL
MIAMI FL 33173

TATIANA CORTEZ
7035 SW 111TH PL
MIAMI FL 33173

ARTICLE VI

PRESIDENT SIXTO FERNANDO ESCOBAR

VICEPRESIDENT TATIANA CORTEZ

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 MARCH
..... day of, 2000

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

H00000015079 7

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

H00000015079 7

H00000015079 7

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the corporation is:

PROFESSIONAL CONSULTANTS SERVICES INC

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

SIXTO FERNANDO ESCOBAR

(NAME)

7035 SW 111TH PL

(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)

MIAMI FL 33173

(CITY/STATE/ZIP)

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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, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)**03/20/2000**

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

H00000015079 7