# POOR SMITAL DITY 353

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

600003340156--7 -07/31/08--01031--004 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Subject. The Incorporation Law Offices of Gustavo G. Alarcon, P	.A., Inc.
Enclosed is an original and One (1) copy of the articles of incorporation and	d a check
\$70.00 Filing Fee	
\$78.75 Filing Fee & Certificate	
\$122.50 Filing Fee & Certified Copy	
\$131.25 Filing Fee, Certified Copy and	•
From: Gustavo G. Alarcon	
5353 N. Federal Highway	
Ft. Lauderdale FL 33308	
(954) 772-4638	
NOTE: Please provide the original and one copy of the	00 JUL 3 SECRETA TALLAHAS
John Finklestein GAVE	- AH
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## Articles of Incorporation Of

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#### Law Offices of Gustavo G. Alarcon, P.A.

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	Law Offices of Gustavo G. Alarcon, P.A. d for the paractice of law.	
·	rticle II - Principal Office	

**Business Address:** 

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

Address: 5353 N. Federal Highway

City: Ft. Lauderdale

State:FL Zip: 33308

Mailing Address:

Address: 5353 N. Federal Highway

City: Ft. Lauderdale

State:FL Zip: 33308

#### **Article III - Shares of Company Stock**

The number of shares of stock that this corporation is authorized to issue is,

1000 Shares, No Par Value.

### Article IV - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Name: Gustavo G. Ala	arcon	
Address: 5353 N. Fede	ral Highway	<del>_</del>
City: Ft. Lauderdale		
State: FL	Zip: 33308	

#### Article V - Incorporator(s)

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

Name: Gustavo G. Alarcon	Name:
Address: 5353 N. Federal Highway	Address:
City: Ft. Lauderdale	City:
State: FL Zip: 33308	State: Zip:
Name:	Name:
Address:	Address:
City:	<del>-</del>
State: Zip:	State: Zip:
The undersigned incorporator(s) has (have) executed a signature.	2000
Signature	en e
Signature	<u>and the second of the second </u>
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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PRESENT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF

1. The name of the corporation	Law Offices of Gustavo G. Alarcon,	P.A.
2. The name and address of the		. 8 4
Name: <b>Gust</b> a	vo G. Alarcon	F.C. J.
Address: <b>5353</b>	N. Federal Highway	- LAREN STATE
City: Ft. Lauc	derdale	
State: FL	Zip: <b>33308</b>	FLORIDA TO

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.

July 27, 2000

Date

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

Designation of Registered Agent Fee \$35.00