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(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone &

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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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Examiner's Initials

# ARTICLES OF INCORPORATION OF

CP Consultants Of Miami, Inc.

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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**

The name of the corporation shall be:

CP Consultants Of Miami, Inc.

### ARTICLE II

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

10543 S.W. 109 Ct. Miami, Florida 33176

### **ARTICLE III**

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

500 shares (five hundred) @ \$ 1.00 (one dollar)

## ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Valentin Lopez 815 N.W. 57<sup>th</sup> Avenue, Suite 125 Miami, Florida 33126

### ARTICLE V INCORPORATOR (S)

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

Rafael J. Valdes/ President 10543 S.W. 109 Ct. Miami, Florida 33176

The undersigned has(have) executed these Articles of Incorporation this 23rd day of August 2000.

Signature / Title

### CERTIFICATE OF DESIGNATION

### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Status, 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: CP Consultants Of Miami, Inc.
- 2. The name and address of the registered agent and office is:

Valentin Lopez 815 N.W. 57<sup>th</sup> Avenue, Suite 125 Miami, Florida 33126

Signature Valuation

Title Gan

Date 8.23.00

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature

Date 8.23.