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

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

LEGACY PROFESSIONAL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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:

LEGACY PROFESSIONAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

12601 SW 35 STREET: MIAMI, FL. 33175

The mailing address of this corporation shall be:

12601 SW 35 STREET: MIAMI, FL. 33175

ARTICLE III SHARES

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

ONE HUNDRED SHARES ONE DOLLAR PAR VALUE

Prepared by:
Pedro M. Ramos, CPA
594 East 9 Street #A
Hialeah, FL 33010
(305) 885-9405

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LILIA ISABEL RODRIGUEZ.
12601 SW 35 STREET; MIAMI, FL 33175

ARTICLE V INCORPORATOR(S)
See instructions for officers / directors

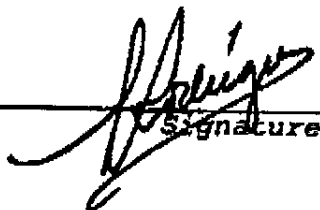
The name(s) and street address(es) of the incorporator(s) to these
Articles of Incorporation is(are):

LILIA ISABEL RODRIGUEZ.

12601 SW 35 STREET

MIAMI, FL 33175

The undersigned incorporator(s) has(have) executed these Articles
of Incorporation this 9 TH day of JANUARY
2001.


Signature

Signature

Signature

Notarization is not required

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

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**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.

1. The name of the corporation is:

LEGACY PROFESSIONAL SERVICES, INC.

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

LILIA ISABEL RODRIGUEZ.

(Name)

12601 SW 35 STREET

(P.O. Box or Mail Drop NOT acceptable)

MIAMI, FL 33175

(City / State / Zip)

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)

JANUARY 9, 2001

(Date)

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