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Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : GESUALDI & GONZALEZ, LLC
Account Number : I20010000116
Phone : (305) 818-0711
Fax Number : (305) 818-0712

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -5 PM 1:53

FLORIDA PROFIT CORPORATION OR P.A.

Louis F. Gesualdi, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Louis F. Gesualdi, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3554 West 80th Street, Unit 102
Hialeah, Florida 33016**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This professional service corporation is formed to engage in every phase and aspect of the accounting and tax service industry. In addition, the corporation may invest funds of the professional service corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and own real and personal property necessary for the rendering of professional services.

ARTICLE IV SHARES

The number of shares of stock is:

One thousand (1000) shares of common stock at .01 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Louis Gesualdi, President
3554 West 80th Street, Unit 102
Hialeah, Florida 33016**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Louis Gesualdi
3554 West 80th Street, Unit 102
Hialeah, Florida 33016**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Gesualdi & Gonzalez, LLC
Attn: Louis Gesualdi
4160 West 16th Avenue, Suite 202
Hialeah, Florida 33012

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent_____
Date_____
Signature/Incorporator_____
DateFILED
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