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

| , | DOMINGO G.AL (Proposed con | porate name - must include s | suffix) | |
|-------------------------|---|---|---|----------------------------------|
| | | | 0000<u>0</u>45 0 -07/30/01 *****78. | 06920 01083011 75 *****78. |
| sed is an original a | and one(1) copy of the artic | cles of incorporation and | a check for : | |
| ☐ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate | □\$122.50 Filing Fee & Certified Copy | H8-75 □ \$155-25 Filing Fee, Certified Copy & Certificate | |
| | | ADDITIONAL C | OPY REQUIRED | |
| FROM: | OMINGO ALVAR | <i>52</i> | · · <u>·</u> – | |
| ω | Name (Print 190 AVENUE Add WIER HAVEN City, State | A νω ress | SECRETURY OF STATE TALLAHASSEE FLORIDA | 2001 AUG 22 PM 2: U |
| , | 888-403- | 7033 | DA | 52 |

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

2001 AUG 22 PM 2: 52

SECRETARY OF STATE TALLAHASSEE FLORIDA

August 2, 2001

DOMINGO ALVAREZ 190 AVENUE A NW WINTER HAVEN, FL 33881-4502

SUBJECT: DOMINGO G. ALVAREZ III, P.A.

Ref. Number: W01000017823

We have received your document for DOMINGO G. ALVAREZ III, P.A. 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 specific nature of business of the professional association must be stated in the document.

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) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 501A00044599

ARTICLES OF INCORPORATION

2001 AUG 22 PM 2: 52

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

ARTICLE I NAME

The name of the corporation shall be:

Domingo ALVAREZ III, P.A. the nature of the business will be the Practice of Law.

ARTICLE II PRINCIPAL OFFICE

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

190 Avenue A N.W. WINTER HAVEN FL 33881-4502

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

DOMINGO FALVAREZ III. 190 Avenue A NW WINTER HAVEN, FL 33881-4502

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):

DOMINGO GALVARGE 190 Avenue A NW WINTER HAVEN, FC 33881-4502

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

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

Signature

Signature

Notarization is not required

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

2001 AUG 22 PM 2: 52

SECRETARY OF STATE 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 DOMINGO G. AWAREZ TIL PA | · was |
|----|---|-------|
| 2. | The name and address of the registered agent and office is: | . : |
| | DOMINGO G. ALVAREZ TIT | |
| | (P. O. Box or Mail Drop Box NOT ACCEPTABLE) | i . |
| | WINTER HAVEN FL 3388/ (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.