# Address Office Use Only 2/ 33/2/2NT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in ☐ Pick up time Certified Copy Mail out Will wait ☐ Photocopy Certificate of Sta **NEW FILINGS AMENDMENTS** □ Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials** CR2E031(7/97)

## ARTICLES OF INCORPORATION

In compliance with chapter 607 and/ or chapter 621, f. s. (profit)

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### **ARTICLE I NAME**

The name of corporation shall be:

SECRETARY OF STATE TALLAHASSEE FLORIDA

## CORA GABLES BUSINESS GROUP, INC.

## ARTICLE II PRNICIPAL OFFICE

The principal place of business/mailing address is:

5200 SW 8ST SUITE 109 CORAL GABLES, FL 33134

#### ARTICLE III SHARES

The number of shares of stock is:

100 shares \$ 1.00.

## ARTICLE IV REGISTERED AGENT

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

OSCAR J. LOPEZ 5200 SW 8 ST SUITE 109 CORAL GABLES, FL 33134

## ARTICLE V INCORPORATOR

The name address of the Incorporator is:

OSCAR J. LOPEZ 5200 SW 8 ST SUITE 109 CORAL GABLES, FL 33134 PRESIDENT & DIRECTOR

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

Signature/registered Agent

Date

11-30-01

Date

Signature Ancorporator