

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000229623 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205~0381

From:

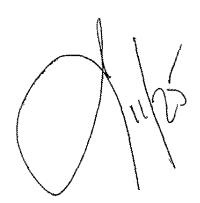
Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number 7 672450003255
Phone (305)634-3694
Fax Number (305)633-9696

SECRETARY OF STATE

FLORIDA PROFIT CORPORATION OR P.A.

kieran p. fallon, p.a.



Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78,75



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 22, 2002

EMPIRE CORPORATE KIT COMPANY

SUBJECT: KIERAN P. FALLON, P.A.

REF: W02000033360

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific nature of business of the professional association must be stated in the document.

If you have any further questions concerning your document, please call (850) 245-6933.

Dale White Document Specialist New Filings Section FAX Aud. #: H02000229623 Letter Number: 002A00063272

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

MOA~SS~SBBS 18:40

402000 229623

ARTICLES OF INCORPORATION

Of

<u>KIBRAN P. FALLON. P.A.</u>

THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLEI

The name of the corporation is Kieran P. Fallon, P.A.

ARTICLE II

The period of its duration is perpetual

ARTICLE III

The date and time of the commencement of the corporate existence shall be the date of the filing of these Articles by the Department of State.

ARTICLEIV

The purpose(s) for which the corporation is organized is a Law Pirm.

ARTICLE V

The aggregate number of shares which the corporation shall have authority to issue is one thousand (1,000) shares of capital stock, \$1.00 par value

ARTICLE VI

The number of director(s) constituting the initial Board of Directors of the corporation are three (3) and the name and address of the persons who are to serve as director(s) until the first annual meeting of shareholders or until the successors are elected and qualified are:

PRESIDENT:

KIERAN P. FALLON

SECRETARY/TREAS:

KIERAN P. FALLON

102000229623

ARTICLE VII

The Shares of Capital Stock of this Corporation shall be issued to the following person(s)

NAME

ADDRESS

SHARES

Kieran P. Fallon

436 SW 8th Street

1000

Miami, Florida 33130

ARTICLE VIII

The name and address of the incorporator and the address of the principal office is:

Kieran P. Fallon

436 SW 8th Street Miami, Florida 33130

ARTICLE IX

The name and the address of the initial registered agent is:

Kieran P. Fallon 436 SW 8th Street Miami, Florida 33130

DATED: 11/20/02

12/1

Initial Registered Agent

11/21/02

STATE OF FLORIDA)

COUNTY OF DADE

The foregoing instrument was acknowledged before me this 20th day of November, 2002, by Kieran P. Fallon, as the Incorporator, who is personally known to me and who did take an

NOTARY PUBLIC
State of Florida at Large

My Commission Expires:

ALYSE L GOLDSERG

ALYSE L GOLDSERG

NOTARY FURLE STATE OF FLORIDA

COMMISSION NO. DOUGES

MY COMMISSION EXP. AFR. 16-1006

CERTIFICATE OF DISIGNATION - REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

Kieran P. Fallon, P.A.

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

Kieran P. Fallon 436 SW 8th Street Miami, Florida 33130

DATED: 11/20/02

SIGNATURE

TITLE:

11/20/02 DATE:

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

SIGNATURE:

TITLE:

DATE:

1 (/20/02



HO2000229623