

FD3000040788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

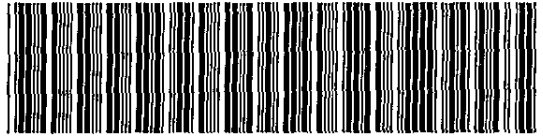
[Handwritten Signature]

Office Use Only

EIVISION OF CORPORATION

03 APR 10 PM 12:22

RECEIVED



600015020576

04/10/03--01075--012 **78.75

FILED
03 APR 10 AM 10:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DES PINA IKONOMIDOU P.A.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 2.00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION
OF**

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

DESPINA IKONOMIDOU P.A.

ARTICLE II PRINCIPAL OFFICE

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

90 ALTON ROAD,#2512
MIAMI BEACH,FL 33139

ARTICLE III PURPOSE

The purpose of this corporation shall be:

SELL REAL ESTATE

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

DESPINA IKONOMIDOU
90 ALTON ROAD,#2512
MIAMI BEACH,FL 33139

03 APR 10 AM 10:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the initial board of director(s) shall be:

DESPINA IKONOMIDOU

90 ALTON ROAD #2512
MIAMI BEACH FL 33139

ARTICLE VII OFFICER(S)

The name, title and address of the officer(s) of this corporation shall be:

DESPINA IKONOMIDOU

PRESIDENT
SECRETARY
TREASURER

90 ALTON ROAD #2512
MIAMI BEACH FL 33139

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

DESPINA IKONOMIDOU

90 ALTON ROAD #2512
MIAMI BEACH FL 33139

The undersigned has (have) executed these Articles of Incorporation this 7th day of April, 2003.


Incorporator Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED 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.


REGISTERED AGENT SIGNATURE

FILED
03 APR 10 AM 10:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA