

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

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D3 APR 28 AM 8: 21

FLORIDA PROFIT CORPORATION OR P.A.

Arnold L. Figueroa, P.A.

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\$78.75

9 4/29/03

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ARTICLES OF INCORPORATION

2003 APR 28 AM 8: 27

TALLAHASSEE FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

Arnold L. Figueroa, P.A.

ARTICLE II PRINCIPAL OFFICE

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

Arnold L. Figueroa, P.A. 419 West Vine Street Kissimmee, FL 34741

ARTICLE III SHARES

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

1,500 SHARES @ No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): Attorney

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Daniel Villazon 419 West Vine Street Kissimmee, FL 34741

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Arnold L. Figueroa 419 West Vine Street Kissimmee, FL 34741

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

24th day of April

2003.

Arnold L. Figueroa SIGNATURE

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Arnold L. Figueroa, P.A.	TĂLL:
2. The name and address of the regis	tered agent and office is:	PR 28 A
	Daniel Villazon	M 8: 27 FLORIDA
	Name	RIDA
	419 West Vine Street	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Kissimmee, FL 34741	
	(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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Danjel Villazon SIGNATURE April 24, 2003

(Date)