

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

## DR PERMITTING CONSULTANT INC.

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Certificate of Status	0
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#### ARTICLE OF INCORPORATION

QY.

DR PERMITTING CONSULTANT INC.

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

#### ARTICLE I NAME

The name of the corporation shall be: DR PERMITTING CONSULTANT INC.

The principal place of business of this corporation shall be:

4700 NW. 7 ST. SUITE 9-1

MIAMI, FLORIDA 33126

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$ 10.00 - \$1,000.00

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE Y OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

DORATDA RODRIGUEZ 14330 SW. 45 TERR. MIAMI, FLORIDA 33175

DIRECTOR

#### ARTICLE VI INCORPORATOR (S)

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

DORAIDA RODRIGUEZ 14330 Sw. 45 TERR. MIAMI,FLORIDA 33175 PRESIDENT, SECRETARY & TREASURER
100 #haies

The undersigned has (have) executed these Article of Incorporation this 25 th. day of June \_\_\_\_\_, 2003 .

Signature/Title
Signature/Title

Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Fursuant to the provisions of sections 607.0501 or 617.0501, 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.

DR PERMITTING CONSULTANT INC.  2. The name and address of the registered agent and office is donalda rodriguez  (Name)  14330 SW. 45 TERR.  (P. C. BOX NOT ACCEPTABLE)  MIAMI, FLORIDA 33175  (CITY/STATE/ZIP)  HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
is doraida rodriguez  (Name)  14330 SV. 45 TERR.  (P. O. BOX MOT ACCEPTABLE)  MIAMJ, FLORIDA 33175  (CITY/STATE/ZIP)
is doraida rodriguez  (Name)  14330 SV. 45 TERR.  (P. O. BOX MOT ACCEPTABLE)  MIAMJ, FLORIDA 33175  (CITY/STATE/ZIP)
(Name)  14330 SW. 45 TERR.  (P. O. BOX NOT ACCEPTABLE)  MIAMI, FLORIDA 33175  (CITY/STATE/ZIP)
14330 SV. 45 TERR.  (P. C. BOX MOT ACCEPTABLE)  MIAM), FLORIDA 33175  (CITY/STATE/ZIP)
(P. Q. BOX MOT ACCEPTABLE)  MIAMI, FLORIDA 33175  (CITY/STATE/ZIP)
(P. Q. BOX MOT ACCEPTABLE)  MIAMI, FLORIDA 33175  (CITY/STATE/ZIP)
(CITY/STATE/ZIP)
(CITY/STATE/ZIP)
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DES
AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FO
THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY
POSITION AS MY POSITION AS REGISTERED AGENT.
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STONE STORE & STORE COLL
SIGNATURE
-tX1/
DATE 06-25-03