

P03000109070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

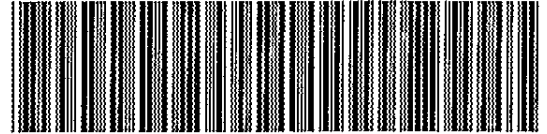
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ROBERTO LLANA, P.A.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

\$70.00 \$78.75 \$122.50 \$131.25

FROM: BERNARD KOPET, P.A.
Name (printed or typed)

20170 PINES BLVD - SUITE # 302
Address

PEMBROKE PINES, FL 33029
City, State & Zip

(954) 441-0403
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ROBERTO LLANA, P.A.

ARTICLE II PRINCIPAL OFFICE

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

15839 SW 12th STREET
PEMBROKE PINES, FL 33027

ARTICLE III SHARES

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

200 SHARES @\$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERTO LLANA
15839 SW 12th STREET
PEMBROKE PINES, FL 33027

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

PRESIDENT

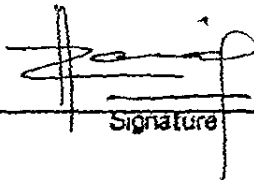
ROBERTO LLANA
15839 S.W. 12th STREET
PEMBROKE PINES, FL 33027

ARTICLE VI NATURE OF THE BUSINESS

THE NATURE OF THE BUSINESS IS REAL ESTATE

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

29th day of SEPTEMBER, ~~18~~ 2003



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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

PURSUANT TO THE PROVISIONS OF SECTION 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.

1. The name of the corporation is: ROBERTO LLANA, P.A.

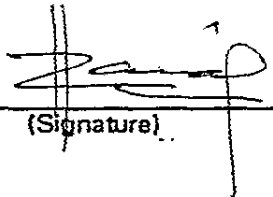
2. The name and address of the registered agent and office is:

ROBERTO LLANA
(Name)
15839 S.W. 12th STREET
(P.O. Box not acceptable)
PEMBROKE PINES, FL 33027
(City/State/Zip)

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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 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.



(Signature)