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FLORIDA PROFIT CORPORATION OR P.A.

jose I urrechaga cpa, pa

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ARTICLES OF INCORPORATION

TALLAHASSEE FLORIDA

OF

Jose L Urrechaga CPA, PA.

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:

Jose L Urrechaga CPA, PA_

ARTICLE II PRINCIPAL OFFICE

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

3663 S.W. 8th Street, suite 210 Miami, Florida. 33135.

ARTICLE III CAPITAL STOCK

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

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

Jose L Urrechaga CPA 3663 S.W. 8th Street, suite 210, Miami, Florida. 33135

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ARTICLE Y INCORPORATOR(S)

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

Jose L Urrechaga CPA 3663 S.W. 8th Street, suite 210 Miami, Florida, 33135.

ARTICLE VI PURPOSE

The purpose of the corporation is to render professional accounting, tax and management advisory services pertaining to the practice of a certified public accountant as defined in Florida Statutes.

CERTIFICATE OF DESIGNATION 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 designating the registered office/registered agent, in the state of Florida.

- 1) The name of the corporation is: Jose L Urrechaga CPA. PA.
- 2) The name and address of the registered agent and office is:

Jose L Urrechaga 3663 S.W. 8th Street, suite 210 Miami, Fl. 33135

Signature

Title

Date

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TÄLLÄHASSEE FLORID

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE 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 PROVISION 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

DATE

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