P040000/25/6

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TRANSMITTAL LETTER

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

SUBJECT: Mag	da Pauquet , P. A.		
	(PROPOSED CORPORA	TE NAME – <u>MÜST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	-	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: N	MAGDA PAUQUET, P.A.		
	Name	(Printed or typed)	
	2369 Whisperring Maple D	rive	
	A	Address	
	Orlando, FL 32837	State & Zip	
	Cny,	State & Zip	
	407 765 5438		
	Daytime Te	elephone number	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MAGDA PAUQUET, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2369 Whisperring Maple Drive Orlando, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional services

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Magda Pauquet Pres, Sec 2369 Whisperring Maple Drive Orlando, FL 32837

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

S. Robert Soto, CPA 3245 Hunters Chase Loop Kissimmee, FL 34743

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Magda Pauquet Pres, Sec 2369 Whisperring Maple Drive Orlando, FL 32837

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

ignature/Incorporator

1/9/0 Date

O4 JAN 12 AN 9: 28 SECRETARY OF STATE TALLAHASSEE, FLORING