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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : NATIONS BUSINESS CENTER, INC.
Account Number : 120000300238
Phone : (305)591-9448
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.
INCORPORATIONS, PAYROLL, BOOKKEEPING SERVICES, INC.**

Certificate of Status	1
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ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are): Maria T. Victorero whom resides at

6555 NW 36 St Ste#113

MIAMI, FL. 33166

ARTICLE VI INCORPORATOR(S)

The names(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are): Maria T. Victorero whom resides at

6555 NW 36 St Ste# 113

MIAMI, FL. 33166

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this ____ day of _____, 200th.

Signature(s) of incorporator(s)



Maria T. Victorero President/Incorporator/Registered Agent

FAX AUDIT#: (((H / . . .)))

FAX AUDIT # (H)


CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

The name of the corporation: Incorporations, Payroll, Bookkeeping
Services, Inc.

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

Maria T. Victorero
1635 SW 138th Court
Miami, FL 33172

SIGNATURE: 

TITLE: Incorporator/Registered Agent

Date: _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: 

Date: _____

FAX AUDIT (H)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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