#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040001199193)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number : (305)633-9696

### FLORIDA PROFIT CORPORATION OR P.A.

professional management services, corp.

| 0       |
|---------|
| 1       |
| 04      |
| \$78.75 |
|         |





#### ARTICLES OF INCORPORATION

OF

PROFESSIONAL MANAGEMENT SERVICES, COR

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

#### **ARTICLE I**

The name of this corporation shall be: PROFESSIONAL MANAGEMENT SERVICES, CORP.

#### **ARTICLE II**

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

#### **ARTICLE III**

The principal place of business of this corporation: 1765 EAST 9TH AVENUE, HIALEAH, FL 33010.

#### **ARTICLE IV**

The general nature of business of this corporation is to transact any and all lawful business.

#### **ARTICLE V**

The aggregate number of shares which this corporation shall have authority to issue are 100 shares common stock having an individual par value of \$5.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

#### **ARTICLE VI**

The name and street address of the initial Registered Agent of this corporation shall be: RAYMON NOVOA, 1765 EAST 9<sup>TH</sup> AVENUE, HIALEAH, FL 33010.

#### **ARTICLE VII**

The name and address of the officers and initial board of directors shall be:

PRESIDENT RAYMON NOVOA

1765 EAST 9<sup>TH</sup> AVENUE HIALEAH, FL 33010

VICE-PRES IVAN DANIEL

1765 EAST 9<sup>TH</sup> AVENUE HIALEAH, FL 33010

#### **ARTICLE VIII**

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7<sup>TH</sup> PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this  $4^{TH}$  of JUNE, 2004.

INCORPORATOR
Ray Stermont Signing for

Empire Corporate Kit of America, Inc.

# H0U000119919

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/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.

| First that PROFFSSIONAL M.                | AVACEMENT SERVICES, COAR.                 |
|-------------------------------------------|-------------------------------------------|
| (Nai                                      | ne of Corporation)                        |
| desiring to organize under the laws o     | f the State of Floring                    |
|                                           | (Florida)                                 |
| with its principal office, as indicated i | n the articles of incorporation has named |
| BAYMON NOVOA                              | located at                                |
| (Name of registered age                   | ent) enty of <u>reaming 1911 E</u> State  |
| HIALEMA- FL TON , COL                     | mty of Ani -211 E State                   |
| (City)                                    | (County)                                  |
| of Florida, as its agent to accept serv   | ice of process within this state.         |

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 4

REGISTERED AGENT

1000011919.

104-04-2004 16:24