Division at Sorporations & Alega Constrained and a second second

Public Access System

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.

(((H04000164693 3)))

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	τ.	INCORPORATIONS	PAYROLL	BOOKKEEPING	SERVICES	INC
Account	Number	:	I20040000070				
Phone		:	(786)265-0059				
Fax Numb)êr	:	(786)265-0049				
	Account Phone	Account Number Phone	Account Number : Phone :	Account Number : I20040000070 Phone : (786)265-0059			

FLORIDA PROFIT CORPORATION OR P.A.

BURKE MANAGEMENT, CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu,

Corporate Filing;

Public Access Heip

8/10/2004

51W 1/0

...... CD ==

https://efile.sunbiz.org/scripts/efilcovr.exe

FAX AUDIT #(((HO40001646933))

ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the Corporation shall be:

BURKE MANAGEMENT CORP.

The principal place of business of this corporation shall be:

15890 SW 85 LANE

MIAMI, FL. 33193

ARTICLE II NATURE OF BUSINESS

This corporation may engage in any Real Estate Management, Service or any business permitted under the laws of the United State, the State of Florida, or any other State, Country, Territory, or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000.

FAX AUDIT # (((H04000)646933)))

FAX AUDIT#: (((H040001646933)))

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): Michael C. Burke Jr. whom resides at: 15890 SW 85th Lane, Miami, Fl. 33193 and Karen E. Morales whom resides at: 15890 SW 85th Lane, Miami, Fl. 33193.

ARTICLE VI INCORPORATOR(S)

The names(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are): Michael C. Burke Jr. whom resides at: 15890 SW 85th Lane, Miami, Fl. 33193 and Karen E. Morales whom resides at: 15890 SW 85th Lane, Miami, Fl. 33193.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 02nd. day of August, 2004.

Signature(s) of In corponator(s) Michael C. Burke Jr. President/Incorporator/Registered Agent

Signature(a) of the porator(s)

Karen E. Morales Vice-President/Incorporator

FAX AUDIT#: (((HO+00016+693 3)))

FAX AUDIT # (((H040001646933)))

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the previsions 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: BURKE MANAGEMENT CORP.

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

Michael C. Burke, Jr.

15890 S.W. 85 Lane

Miami, FL. 33193

SIGNATURE:

TITLE: Incorporator/Registered Agent

102 J \mathcal{D} 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 ANI **OBLIGATIONS OF SECTION 607.325, FLORIDA** STAT

SIGNATURE \mathcal{X}

FAX AUDIT (((HO4000164 6933)))