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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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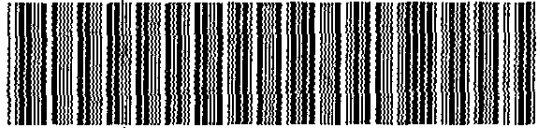
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8-20-04

## TRANSMITTAL LETTER

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

SUBJECT: ELITE PROFESSIONAL TEAM, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Maria Lucia Rojas  
Name (Printed or typed)

215 Sidonia Ave., Suite 122  
Address

Coral Gables, Florida 33134  
City, State & Zip

(561) 541-5756  
Daytime Telephone 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:

ELITE PROFESSIONAL TEAM, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

801 BRICKELL AVE., 9th FLOOR  
MIAMI, FLORIDA 33131

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CONSULTANTS, PROFESSIONAL SERVICES AND ANY KIND OF LEGAL BUSINESSES

**ARTICLE IV SHARES**

The number of shares of stock is:

500,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

MARIA LUCIA ROJAS, DIRECTOR  
235 Sidonia Ave., Apt 122, Coral Gables, Florida 33134

FRANCISCO J. NERI, DIRECTOR  
801 Brickell Ave., 9th Floor, Miami, Fl. 33131

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Francisco J. Neri  
801 Brickell Ave., 9th Floor  
Miami, Florida 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Maria Lucia Rojas  
235 Sidonia Ave., Apt 122  
Coral Gables, Fl. 33134

\*\*\*\*\*

*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

  
\_\_\_\_\_  
Signature/Incorporator

FILED

04 AUG 20 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 17, 2004

Date

August 17, 2004

Date