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LAZARUS CORPORATE FILING SERVICE	
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CORPORATION NAME(S) & DOCUMENT NUM	BER(S) (if known):
, FRIKA PALACIOS P.	A
1. C////////////////////////////////////	(Document #)
2.	
(Corporation Name)	(Document #)
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Other

Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

ERIKA PALACIOS P. A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5445 Collins AVENUE MARIE BEACH FL 33140

ARTICLE III PURPOSE

The purpose of this corporation shall be:

REAL ESTATE

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

500

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ERIKA PALACIOS

5445 Collins AVENUE, mit # 403 MIATA BEACH, FLORIDA 33140

ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the initial board of director(s) shall be:

ERIEN PALACIOS (PRESIDENT) 5445 COLLINS MENUE; WIT# 403 reinin BEACH, FL 33140.

ARTICLE VII OFFICER(S)

The name, title and address of the officer(s) of this corporation shall be:

ERIKA PARCIOS 5445 collins AVENUE, wit \$ 403 Yei Ari BEACH, FLORIDA 33140

ARTICLE VIII INCORPORATOR(S)

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

ERIKA PALACIOS 5445 COLLINS AVENUE, unit # 403 FUTU BEACH, FLORINA 33140

The undersigned has (have) executed these Articles of Incorporation this 27 day of 000862, 2004.

Incorporator Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED 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.

REGISTERED AGENT SIGNATURE