

P04000 166836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



600043278336

12/10/04--01072--002 **78.75

FILED
04 DEC 10 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

12/13/04
P04

TRANSMITTAL LETTER

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

SUBJECT: VIVIANE STAMPAR, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$70.00
Filing Fee | <input checked="" type="checkbox"/> \$78.75
Filing Fee
& Certificate of Status | <input type="checkbox"/> \$78.75
Filing Fee
& Certified Copy | <input type="checkbox"/> \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status |
|--|--|--|---|
- ADDITIONAL COPY REQUIRED**

FROM: VIVIANE STAMPAR
Name (Printed or typed)

22570 BLUE MARLIN DRIVE
Address

BOCA RATON, FL 33428
City, State & Zip

561-843-0842
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION
OF
VIVIANE STAMPAR, P.A.**

FILED
04 DEC 10 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a Corporation under the Florida Corporation Act, hereby adopts the following Articles of Incorporation.

Article I

NAME OF CORPORATION

The name of the Corporation shall be **VIVIANE STAMPAR, P.A.**

Article II

NATURE OF BUSINESS

The purpose for which the Corporation is organized is the transaction of real estate and all other lawful business for which corporations may be incorporated under the laws of the State of Florida.

Article III

TERM OF EXISTENCE

The Corporation is to exist perpetually.

Article IV

CAPITAL STOCK

The aggregate number of shares, which the Corporation shall have authority to issue, is One Thousand (1000) of the par value of One Dollar and No/100ts (\$1.00) each.

Article V

REGISTERED AGENT/REGISTERED OFFICE

Names of its initial registered agent is Viviane Stampar, and the street address of its initial principal office and registered office is 22570 Blue Marlin Drive – Boca Raton, FL 33428.

Article VI

OFFICERS AND DIRECTORS

The name of Directors constituting the initial Board of Directors is one (1) and the name and address of the person who is to serve as Director until the first annual meeting of the shareholder (s) or until his successor (s) is elected and qualified is:

Viviane Stampar
22570 Blue Marlin Drive
Boca Raton, FL 33428

President
Vice President
Secretary
Treasurer

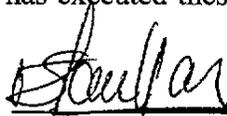
Article VII

INCORPORATORS

The name and address of the incorporator is:

Viviane Stampar
22570 Blue Marlin Drive
Boca Raton, FL 33428

IN WITNESS WHEREOFF the undersigned incorporator has executed these Articles of Incorporation this _____ day of December 2004.

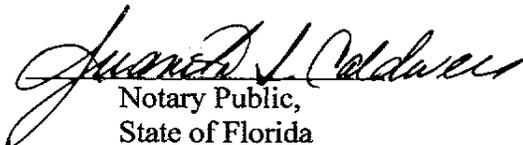


Viviane Stampar

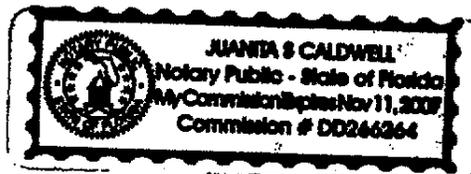
STATE OF FLORIDA,
COUNTY OF Palm Beach

Before me, a Notary Public, on this day personally appeared Viviane Stampar known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this 9th day of December, 2004


Notary Public,
State of Florida

11/11/07
My Commission Expires



CERTIFICATE DESIGNATING
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.

1. The name of the corporation is Viviane Stampar, P.A.
2. The name and address of the registered agent and office is:

Viviane Stampar
22570 Blue Marlin Drive
Boca Raton, FL 33428



Viviane Stampar
Date: 12-9-04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE SATED 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.



Viviane Stampar
Date: 12-9-04