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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : JOEL SANDERS & COMPANY, PA  
Account Number : I20040000032  
Phone : (954)916-2000  
Fax Number : (954)916-2021

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**FLORIDA PROFIT CORPORATION OR P.A.**

**MARIA C. MARTINEZ, PA**

Certificate of Status	0
Certified Copy	1
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**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:

MARIA C. MARTINEZ, PA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1210 FALLS BOULEVARD  
WESTON, FL 33327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE AGENT

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)**

The name(s) and address(es):

MARIA C. MARTINEZ - PRESIDENT  
1210 FALLS BOULEVARD  
WESTON, FL 33327

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

MARIA C. MARTINEZ  
1210 FALLS BOULEVARD  
WESTON, FL 33327

**ARTICLE V INCORPORATOR**

The name and address of the Incorporator is:

MARIA C. MARTINEZ  
1210 FALLS BOULEVARD  
WESTON, FL 33327

.....  
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.

Maria C. Martinez \_\_\_\_\_ Date  
Signature/Registered Agent

Maria C. Martinez \_\_\_\_\_ Date  
Signature/Incorporator

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STATE OF FLORIDA  
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MARCH 11 1996