## P05000043547

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Datamese Lines, Names)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000047927920

03/22/05--01055--023 \*\*78.75

05 MAR 22 AM II: 46 SPURETARY OF STATE THE ARASSEE, FLORIO

THE CHILD

FILED



OFFICE USE ONLY(DOCUMENT#)		
LAZARUS CORPORATE FILINO	G SERVICE	
3320 S.W. 87 AVENUE		
MIAMI, FLORIDA (305)552-5973		
	OFFICE USE ONLY	
CORPORATION NAME(S) & DO	CUMENT NUMBER(S) (if known):	
, FIRST FUND PA	PAVIDERS, CORP.	
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
3.		
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time	2.06 Certified Copy.	e:
		205
Mail out Will wait	Photocopy Certificate of Status	MAR 22 CHETAGO
		22 A
NEW FILINGS	AMENDMENTS	
Profit	Amendment	AH II: 46 OF STATE
NonProfit	Resignation of R.A., Officer/Director	इन क
. Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
		,
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
1.000, 2000	Reinstatement	
	Trademark	

Other

Examiner's Initials

#### ARTICLES OF INCORPORATION

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

#### ARTICLE 1 - Name

The name of the corporation shall be:

#### FIRST FUND PROVIDERS, CORP.

#### ARTICLE 11 - Principal Office

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

65 NE 202<sup>nd</sup> TERRACE – SUITE Q-9 N. MIAMI, FL. 33179

# 05 MAR 22 AH II: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE 111 - Shares

The numbers of Shares of Stock that this Corporation is authorized to have outstanding at any One time is: 500 Shares par Value of \$1.00

#### <u>ARTICLE 1V – Initial Registered Agent and Street Address</u>

The name and address of the initial registered agent is:

RAFAEL AUGUSTO BILLINI 65 NE 202<sup>nd</sup> TERRACE – SUITE Q-9 N. MIAMI, FL. 33179

#### ARTICLE V - Incorporate(s)

The name and street address of the incorporate to these Article of Incorporation is

#### RAFAEL AUGUSTO BILLINI

65 NE 202<sup>nd</sup> TERRACE – SUITE Q-9 N. MIAMI, FL. 33179

#### ARTICLE V1 - Director(s)

Elsa Maria Billini

Gregorio Billini

The name and street address of the Director(s) to these Articles of Incorporation is:

Rafael Augusto Billini – 65 NE 202<sup>nd</sup> Terr. Ste. Q-9 = N. Miami Fl. 33179 = PRESIDENT

=VICE-PRESIDENT

**=VICE-PRESIDENT** 

Orogono Dimini										(IOD / IODDE
Brigida Billini	_	77	"	66	"	"	=	66	"	= TREASURY
Rafael Antonio Billini	-	44	"	46	"	44	=	46	66	= SECRETARY
The undersigned inco 21 <sup>TH</sup> day of March RAFAEL AUGUST	rpora <b>20</b> (	)5.	(	nave)	)		these	/	of Incorp	poration this
ELSA MARIA BILI				Presi	dent			ellin	·.	
				Vice-	Presi	dent			<u> </u>	•
GREGORIO BILLI	NI		_	Vice	Presi	dent		Q9116	·····	<del></del>
BRIGIDA BILLINI				Ireas	SULA SULA	la.	<u> </u>	KDIL.	lu	<del></del>
RAFAEL ANTONIO	) BI	LLIN	M .		P-E	us	-	$\mathcal{L}$		

## FILEU

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.051, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGSITERED AGENT, IN THE

STATE OF FLORIDA.

The mane of the corporation is:

#### FIRST FUND PROVIDERS, CORP.

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

RAFAEL AUGUSTO BILLINI 65 NE 202<sup>nd</sup> TERRACE – SUITE Q-9 N. MIAMI, FL. 33179-2928

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificated, I hereby accept the appointment as registered agent 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.

Rafael Augusto Billini

Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314