

Division of Corporations

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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 : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

Dominyka Netchiounas, P.A.

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ARTICLES OF INCORPORATION
OF

Dominyka Netchiounas, P.A.

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

ARTICLE I: NAME & PURPOSE

The name of the corporation is Dominyka Netchiounas, P.A. The specific nature of business of this Professional Association is the Practice of Law.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 2203 N. Lois Ave., Ste. 953, Tampa, Florida 33607

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

H05000083033 3

H05000083033 3

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Dominyka Netchiounas, 2203 N. Lois Ave., Ste. 953, Tampa, Florida 33607**

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

ARTICLE VI: OFFICERS & DIRECTORS

The name and address of the initial Officer and Director of the corporation is **Dominyka Netchiounas, President/Director, 2203 N. Lois Ave., Ste. 953, Tampa, Florida 33607**

The undersigned has executed these Articles of Incorporation this 5th day of April 2005.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"



H05000083033 3

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: _____

Dominyka Netchiounas, P.A.

2. The name and street address of the registered agent and office is: _____

Dominyka Netchiounas, 2203 N. Lois Ave., Ste. 953

Tampa, Florida 33607

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

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