

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

05 MAY -6 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

FLORIDA PROFIT CORPORATION OR P.A.
GABRIELA SORDO, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
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05 MAY -6 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
GABRIELA SORDO, P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:
GABRIELA SORDO, P.A.

The principal place of business of this corporation shall be:
730 NW 98th CIR, PLANTATION, FL 333245

ARTICLE II NATURE OF BUSINESS

To provide real estate services and consulting.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

1000 shares, common stock, \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Gabriela Sordo	P/VP/T/S	730 NW 98 th CIR Plantation, FL 33324

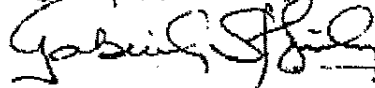
ARTICLE VI INCORPORATORS

The name(s) and street address(s) of the incorporator(s) to this articles of incorporation is (are)

<u>NAME</u>	<u>ADDRESS</u>
Gabriela Sordo	740 NW 98 th CIR Plantation, FL 33324

IN WITNESS WHERE OF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 6th day May, 2005.

Signature(s) of Incorporator(s)



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AND
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05 MAY -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organizes under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

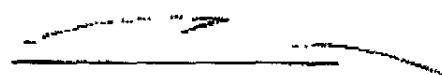
1. The name of the corporation is: GABRIELA SORDO, P.A.
2. The name and address of the registered agent and office is:
Sergio de Varona, CPA, 304 Palermo Avenue, Coral Gables, FL 33134

Signature 

Title PRESIDENT

Date 05/06/05

Having 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 the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.



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