

POS000124280

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

From:  
Account Name : XIOMARA LEE, P.A.  
Account Number : I20040000008  
Phone : (305)262-2323  
Fax Number : (305)262-2324

FLORIDA PROFIT CORPORATION OR P.A.  
MILAGROS L COIPEL P.A.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

05 SEP -9 AM 11:38  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

((( H050002154673 )))

**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:  
MILAGROS L COIPEL, PA.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
8460 SW 4TH ST  
MIAMI, FL 33144

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
MORTGAGE BROKER AND REAL ESTATE SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:  
100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
MILAGROS L COIPEL ( PRESIDENT/DIRECTOR)  
8460 SW 4TH ST  
MIAMI, FL 33144

**ARTICLE VI REGISTERED AGENT**

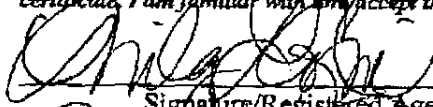
The name and Florida street address of the registered agent is:  
MILAGROS L COIPEL  
8460 SW 4TH ST  
MIAMI, FL 33144

**ARTICLE VII INCORPORATOR**

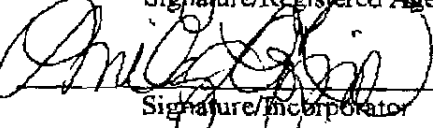
The name and address of the Incorporator is:  
MILAGROS L COIPEL  
8460 SW 4TH ST  
MIAMI, FL 33144

05 SEP -9 AM 11:38  
OFFICE OF STATE  
CORPORATION

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

9/9/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/9/05  
\_\_\_\_\_  
Date

((( H050002154673 )))