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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 : PROFESSIONAL VISA, INC.
Account Number : I20020000173
Phone : (305)639-4737
Fax Number : (305)639-4725

06 AUG 17 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

Professional Work, Corp

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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J. Shivers
AUG 18 2006

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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:

Professional Work, Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address is:

7220 NW 36 Street, suite 315
Miami, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any or all lawful activities or business permitted under the laws of The United States, the State of Florida, or any others states, country, territory, or nation.

ARTICLE IV SHARES

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is one hundred shares at fifty dollars per value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address and title(s):

President: Maria Marquez
7220 NW 36 Street, Suite 315
Miami FL- 33166

ARTICLE VI REGISTERED AGENT

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

Maria Marquez
7220 NW 36 Street, Suite 315
Miami FL- 33166

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FROM : (325) 639-4725

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Aug. 17 2006 03:59AM P3

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria Marquez
7220 NW 36 Street, Suite 315
Miami FL- 33166

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 Marquez 08/17/06
Signature/Registered Agent Date

Maria Marquez 08/17/06
Signature/Incorporator Date

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