

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 DEC -6 A 10: 27

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FLORIDA PROFIT/NON PROFIT CORPORATION

MANUEL CABEZA, P.A.

Certificate of Status	0
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Estimated Charge	\$78.75

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20-2-21 2006

ARTICLE OF INCORPORATION
OF

MANUEL CABEZA, 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: **MANUEL CABEZA, P.A.**

The principal place of business of this corporation shall be:

1434 Collins Ave. Suite 5.
Miami, FL 33139

ARTICLE II NATURE OF BUSINESS:

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

Real Estate

ARTICLE III CAPITAL STOCK:

The aggregate number of shares of stock and its value that this corporation authorized to have outstanding at any one time is: 1000 shares, such shares shall be of a single class, and shall have a par value of \$1.00.

ARTICLE IV TERM OF EXISTENCE:

This corporation is to exist perpetually.

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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 is (are) elected, is (are):

President: Manuel Cabeza 1434 Collins Ave Suite 5 Miami, FL 33139

Vice President:

Treasurer:

Secretary:

ARTICLE VI INCORPORATOR(S):

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

Manuel Cabeza 1434 Collins Ave Suite 5 Miami, FL 33139

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 6 day of December, 2006.



INCORPORATOR
Manuel Cabeza

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned 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:

Manuel Cabeza, P.A.

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

Manuel Cabeza
1434 Collins Ave Suite 5
Miami, FL 33139

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Signature

Title

President

Date:

12-6-06

HAVING BEEN NAMED TO ACCCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE,
I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUITES, AND I ACCEPT
THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

Signature

Date:

12-6-06

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