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# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0381

From

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP

Account Number : 120060000145

Phone : (305)769-4936 Fax Number : (305)769-1844

FLORIDA PROFIT/NON PROFIT CORPORATION

SPECIALIST GOMEZ & SON, INC

Certificate of Status	0
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#### ARTICLES OF INCORPORATION

#### **OF**

# SPECIALIST GOMEZ & SON, INC

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 corporation shall be: SPECIALIST GOMEZ & SON, INC

The principal place of business of this corporation shall be:

310 NW 77 AVE PEMBROKE PINES, FL 33024

# ARTICLE II- NATURE OF BUSINESS

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

# ARTICLE III-CAPITAL STOCK

The maximum number of shares with this Corporation is authorized to have outstanding at any time is 1000 shares of common stock having no par value.

#### ARTICLE IV-TERM OF EXISTENCE

This corporation is to exist perpetually.



# CERTICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICER

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under laws of the State of Florida, submits the following statement in designating the registered officer/registered agent in the State of Florida.

- 1. The name of the corporation is: SPECIALIST GOMEZ & SON, INC
- 2. The name and address of the registered agent and officer is :

JUAN C GOMEZ 310 NW 77 AVE PEMBROKE PINES, FL 33024

HAVING BEEN NAMED AS REGISTERED AGENT AND ACCEPT SERVICE OF PROCESS FOR THE ABOVES STATED CORPORATION AT THE PLACE DESIGNATED, AS REGISTERED AGENT AGREE TO ACT IN THIS CAPACITY, I FUTHER 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.

Signature

Date

# ARTICLE V-INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of TWO member(s):

The numbers of directors may be increased from time to time by vote of the Board of Directors, but in no case shall the number of directors be less than one nor more than 15.

The name(s) and address (es) of the director(s) constituting the initial Board of Directors is/are:

Name

JUAN C GOMEZ

SANDY GOMEZ

<u>Address</u>

310 NW 77 AVE PEMBROKE PINES, FL 33024

310 NW 77 AVE

PEMBROKE PINES, FL 33024

#### ARTICLE VI- INCORPORATOR(S)

The name(s) and address (es) of the Incorporator is/are:

<u>Name</u>

Address

JUAN C GOMEZ

310 NW 77 AVE PEMBROKE PINES, FL 33024

The undersigned has(have) executed these Articles of Meorporation this