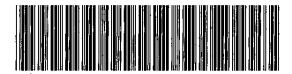
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EP 12/03/08

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: MARIA	LESCANO, P.A.	ATE NAME – <u>MUST INC</u> I	TIDE SUFFIX)
	(I KOI OSEB COKI OK	TID NAME - MOST INC	<u> JOBE SCITIA</u>)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	✓ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: M	ARIA LESCANO		
	Name 20 SE 20th Street	(Printed or typed)	
		Address	
	Fort Lauderdale, FL 33316 City	, State & Zip	
	(954) 463-7877	Celephone number	<u> </u>
	Daytine 1	erephone number	

NOTE: Please provide the original and one copy of the articles.

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:

MARIA LESCANO, P.A.

PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is: 20 SE 20th Street, Fort Lauderdale, FL 33316

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: operating a law practice

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): Maria Lescano, 20 SE 20th Street, Fort Lauderdale, FL 33316; President



REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Joanne Lewis, Esquire; 20 SE 20th Street, Fort Lauderdale, FL 33316

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is: Maria Lescano; 20 SE 20th Street, Fort Lauderdale, FL 33316

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