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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON PROFIT CORPORATION CONCEPCION M. ROBAINA P.A.

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January 25, 2010

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICES, INC.

SUBJECT: CONCEPCION M. ROBAINA P.A.

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ARTICLES OF INCORPORATION OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

CONCEPCION M. ROBAINA . P. A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11491 NW 2 ST. SUITE 208 MIAMI FL 33172

ARTICLE III PURPOSE

The purpose of this corporation shall be:

REAL ESTATE.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100.

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

CONCEPCION M. ROBAINA.
11491 NW 2 ST. SUITE 208
Miami FL 33172:
H100000140EE

SECRETARY OF STATE TALLAHASSEE FLORIDA

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ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

CONCEPCION M. ROBAINA.
11491 NW 2 ST. APTO. 208
Miami FL 33172

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

CONCEPCION M. ROBAINA (P) 11491 NW 2 St. Apro. 208 Miami FL 33172

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

CONCEPCION M. ROBAINA 11491 NW 2 ST. Apro. 208 Miami FL 33172

The undersigned has (have) executed these Articles of Incorporation this 22 day of fancound, 2010.

incorporator Signature

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER 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.

REGISTERED AGENT SIGNATURE

SECRETARY OF STATE TALLAHASSEE, FLORIDA