## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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#### FLORIDA PROFIT/NON PROFIT CORPORATION PATRICIA DLR INC

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: PATRICIA DLR INC

REF: W10000027898

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the total number of shares not the percentage.

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10 JUN 10 PM 12: 08

ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

PATRICIA DLR INC.

#### ARTICLE II - PRINCIPAL OFFICE

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

1140 NE 163 St, suite 6 North Miami Beach, F1. 33162

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Patricia De Los Rios 1140 NE 163 St, suite 6 North Miami Beach, FL 33162

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

#### ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Patricia De los Pios (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related 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

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