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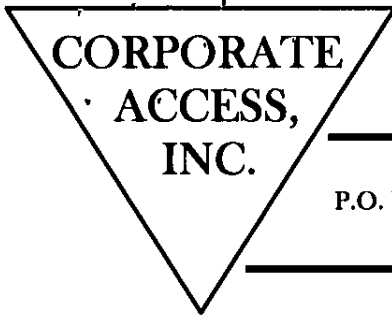


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## WALK IN

PICK UP: 12-30-10

- ☒ CERTIFIED COPY \_\_\_\_\_  
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1. Michael A. Torres, P.A.  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF INCORPORATION**

**OF**

**MICHAEL A. TORRES, P.A.**

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

**I.**

The name of the corporation shall be:

**MICHAEL A. TORRES, P.A.**

**II.**

The specific purpose for which the corporation is organized is to engage in any and all activities a certified public accountant is authorized to perform and shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 621, Florida Statutes. The corporation shall have all the powers set forth in Chapter 607, Florida Statutes subject to the limitations as set forth in Chapter 621, as those Statutes are amended from time to time.

**III.**

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

**IV.**

The corporation's principal office and its registered office shall be:

**1900 SE 18<sup>th</sup> Avenue  
Ocala FL 34471**

and the name of its initial Registered Agent at such address shall be: **MICHAEL A. TORRES.**

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V.

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

**MICHAEL A. TORRES**  
1900 SE 18<sup>th</sup> Avenue  
Ocala, FL 34471


IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 29 day of December, 2010.

  
\_\_\_\_\_  
MICHAEL A. TORRES


STATE OF FLORIDA  
COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared **MICHAEL A. TORRES**,  
( ) who is personally known to me or produced Id Drivers License as  
identification who executed the foregoing instrument and acknowledged before me the execution  
thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Ocala, Marion County, Florida, this 29<sup>th</sup> day of  
December, 2010.

  
\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:

Having been named Registered Agent of MICHAEL A. TORRES, P.A., I hereby accept said office and agree to comply with the provisions of Chapter 621, Florida Statutes as same pertain to the office of Registered Agent.

  
\_\_\_\_\_  
MICHAEL A. TORRES  
Registered Agent

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