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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
DIANA ELMUFDI, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

DIVISION OF CORPORATIONS

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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:

Diana Elmufdi, P.A.

ARTICLE II PRINCIPAL OFFICE

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

500 THREE ISLAND BLVD # M-24
Hallandale Beach FL 33009

ARTICLE III PURPOSE

The purpose of this corporation shall be:

Real Estate Services

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:

Diana Elmufdi
500 THREE ISLANDS BLVD M-24
Hallandale Beach FL 33009

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ARTICLE VI BOARD OF DIRECTOR (S)

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

Diana Elmufdi
500 THREE ISLANDS BLVD #M24
Hallandale Beach FL 33009

ARTICLE VII OFFICER (S)

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

Diana Elmufdi (P).
500 THREE ISLAND BLVD #M-24
Hallandale Beach FL 33009

ARTICLE VIII INCORPORATOR (S)

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

Diana Elmufdi
500 THREE ISLANDS BLVD M-24
Hallandale Beach FL 33009

The undersigned has (have) executed these Articles of Incorporation this 16 day of March, 20 11.


Incorporator Signature

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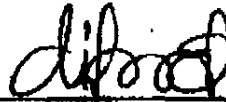
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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

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

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