

**P11 000030677**

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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Email Address: \_\_\_\_\_

**RECEIVED**  
11 MAR 28 PM 2:10  
DIVISION OF CORPORATIONS**FLORIDA PROFIT/NON PROFIT CORPORATION****roberto malca, p.a.**

Certificate of Status	0
Certified Copy	1
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**11 MAR 28 PM 2:29**  
DIVISION OF CORPORATIONS

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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: **ROBERTO MALCA, P.A.**

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
**2000 TOWERSIDE TERRACE**  
**APT. 805**  
**MIAMI, FLORIDA 33138**

Mailing address, if different is:  
**2000 TOWERSIDE TERRACE**  
**APT. 805**  
**MIAMI, FLORIDA 33138**

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**REAL ESTATE (PROPERTY) PURCHASE AND SALES**

**ARTICLE IV SHARES**  
The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <b>ROBERTO MALCA, P-S-T AND DIR.</b>	Name and Title: _____
Address: <b>2000 TOWERSIDE TERRACE</b>	Address: _____
<b>APT. 805</b>	_____
<b>MIAMI, FLORIDA 33138</b>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: **ROBERTO MALCA**  
Address: **2000 TOWERSIDE TERRACE APT. 805**  
**MIAMI, FLORIDA 33138**


**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: **ROBERTO MALCA**  
Address: **2000 TOWERSIDE TERRACE APT. 805**  
**MIAMI, FLORIDA 33138**

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

  
Required Signature/Registered Agent

**03/28/11**  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

**03/28/11**  
Date

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