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FILE PAGE 02/04 SECRETARY OF STATE DIVISION OF CORPORATIONS

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11 JUN 20 AM 8: 50

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:

Michael A. Ruiz, P.A

ARTICLE II PRINCIPAL OFFICE

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

7480 S.W. 40 St. Suite 750 Migmi FL 33155

ARTICLE III PURPOSE

The purpose of this corporation shall be:

Law Firm

ARTICLE IV CAPITAL STOCK

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

100 shares

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Michael A. Ruiz 7480 S.W. 40 St Suite 750

Míami FL 33155 H11000163012

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE VI BOARD OF DIRECTOR (S)

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

Michael A. Ruiz 7480 S.W. 40 St Suite 750 Miami FL 33155

ARTICLE VII OFFICER (S)

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

Michael A. Ruiz 7480 SW 40 St Suite 750 Miami FL 33155

ARTICLE VIII INCORPORATOR (S)

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

MICHAEL A. RUIZ 7480 S.W. 40 Street, Ste. 750 MIAMIJFL 33755

The understaned has (have) executed these Articles of Incorporation this day of JUNE, 201)

Incorporator Signature

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUN 20 AM 8:50

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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