

P12000023417

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

RECEIVED MAR 8 2012

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ORLANDO OSORIO PA

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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3/9/12



March 8, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARINAS & ASSOCIATES INC

SUBJECT: ORLANDO OSORIO PA
REF: W12000013411

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.

The specific business purpose of the professional association must be stated in the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000057231
Letter Number: 812A00008797

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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME ORLANDO OSORIO P.A
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address
15480 SW 31ST LANE
MIAMI, FL 33185

Mailing address, if different is:
PO BOX 770305
MIAMI, FL 33177

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
REAL STATE SALES

ARTICLE IV SHARES
The number of shares of stock is: 1000 SHARES AT NO PART VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT
Address: ORLANDO OSORIO
15480 SW 31ST LANE
MIAMI, FL 33185

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

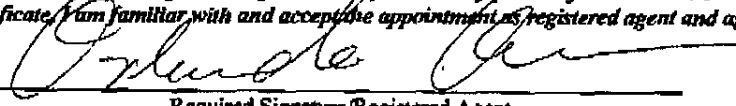
Name: ORLANDO OSORIO
Address: 15480 SW 31ST LANE
MIAMI, FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ORLANDO OSORIO
Address: 15480 SW 31ST LANE
MIAMI, FL 33185

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

03/06/12
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.817.135, F.S.


Required Signature/Incorporator

03/06/12
Date