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FLORIDA PROFIT/NON PROFIT CORPORATION  
FATIMA GONZALEZ, P.A.

Certificate of Status	0
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and 4/16

H140 00090327

**ARTICLES OF INCORPORATION**  
**OF**

Fatima Gonzalez, P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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**ARTICLE I**

The name of the corporation shall be:

Fatima Gonzalez, P.A.

**ARTICLE II**

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

300 Bayview Drive., Apt 1806  
Sunny Isle, Florida 33160

**ARTICLE III**

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

500 shares (five hundred) @  
\$ 1.00 (one dollar)

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Fatima Gonzalez  
300 Bayview Drive, Apt 1806  
Sunny Isle, Florida 33160

**Specific Nature of Business – Real Estate**

H140 00090327

**ARTICLE V INCORPORATOR (S)**

The name(s) and street address(es) of the incorporator to these Articles of Incorporation (are):

Fatima Gonzalez, President  
300 Bayview Drive, Apt 1806  
Sunny Isle, FL 33160

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The undersigned has (have) executed these Articles of Incorporation this 10th day of April 2014.

 President  
Signature/ Title

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**CERTIFICATE OF DESIGNATION**


**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

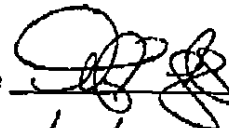
1. The name of the corporation is: Fatima Gonzalez, P.A.
2. The name and address of the registered agent and office is:

Fatima Gonzalez  
300 Bayview Drive, Apt 1806  
Sunnyvale, FL 33160

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PALM BEACH COUNTY, FLORIDA

Signature   
 Title President  
 Date 04/10/2014

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature   
 Date 04/10/14

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