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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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FLORIDA PROFIT/NON PROFIT CORPORATION ALEXANDRA GOESEKE PA

Certificate of Status	0
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May 9, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: ALEXANDRA GOESEKE PA
REF: W14000029497

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.

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Valerie Herring
Regulatory Specialist II
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4140000110954

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DIVISION OF CORPORATIONS

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3

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: ALEXANDRA GOESEKE PA

ARTICLE II PRINCIPAL OFFICE
Principal street address
1492 S. MIAMI AVE.
MIAMI, FLORIDA 33130

Mailing address, if different is:
1492 S. MIAMI AVE.
MIAMI, FLORIDA 33130

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Real Estate

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ALEXANDRA GOESEKE D-P-S-T</u>	Name and Title:	_____
Address	<u>1492 S. MIAMI AVE.</u>	Address:	_____
	<u>MIAMI, FLORIDA 33130</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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SECRETARY OF
DIVISION OF CORPORATIONS (cont.)

2014 MAY -8 PM 12:29

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: ALEXANDRA GOESEKE
Address: 400 ALTON ROAD UNTI 101-M
MIAMI BEACH, FLORIDA 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEXANDRA GOESEKE
Address: 1492 S. MIAMI AVE.
MIAMI, FLORIDA 33130

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

[Signature]
Required Signature/Registered Agent

5/7/14
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.

[Signature]
Required Signature/Incorporator

5/7/14
Date

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