

# P14000083166

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## FLORIDA PROFIT/NON PROFIT CORPORATION CAROLYN BLAIR SONVILLE, P.A.

Certificate of Status	0
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*10/09/14*

14 OCT -8 AM 12:45  
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**ARTICLES OF INCORPORATION**  
**OF**

Carolyn Blair Sonville, 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.

**ARTICLE I**

The name of the corporation shall be:

Carolyn Blair Sonville, P.A.

**ARTICLE II**

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

8145 SW 53 Avenue  
Miami, Florida 33143

**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:

Carolyn Blair Sonville  
8145 SW 53 Avenue  
Miami, Florida 33143

Specific Nature of Business – Real Estate Agent

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**ARTICLE V INCORPORATOR (S)**

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

Carolyn Blair Sonville, President  
8145 SW 53 Avenue  
Miami, FL 33143

The undersigned has (have) executed these Articles of Incorporation this 8th day of  
*October 2014.*

*Ch* *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: Carolyn Blair Sonville, P.A.
2. The name and address of the registered agent and office is:

Carolyn Blair Sonville  
8145 SW 53 Avenue  
Miami, FL 33143

Signature

Title

Date

C'h  
President  
4/16/14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

01  
4/16/14

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