

P15000028445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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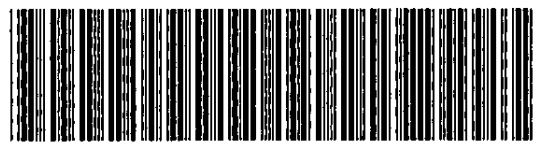
(Business Entity Name)

(Document Number)

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

**ARTICLE I NAME**      Prada Law Group, P.A.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
3191 Coral Way, Suite 406  
Miami, FL 33145

Mailing address, if different \_\_\_\_\_

RECORDED  
STATE OF FLORIDA  
MAY 24 1 59 PM '11

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: to provide legal services.

**ARTICLE IV SHARES**      1  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mark A. Prada, Chief Executive Officer  
Address: 3191 Coral Way, Suite 406  
Miami, FL 33145

Name and Title: Mark A. Prada, Chairman of the Board  
Address: 3191 Coral Way, Suite 406  
Miami, FL 33145

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 DEPARTMENT OF STATE  
 ATTORNEY GENERAL  
 TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Mark A. Prada, Esq.  
 Address: 3191 Coral Way, Suite 406  
Miami, FL 33145

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mark A. Prada, Esq.  
 Address: 3191 Coral Way, Suite 406  
Miami, FL 33145

Article VIII Effective Date

The effective date of incorporation is  
March 19, 2015.

*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

03/19/2015  
 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.*

\_\_\_\_\_  
 Required Signature/Incorporator

03/19/2015  
 Date