

P 1500033637

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000090485 3)))



H150000904853ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

FILED  
15 APR 13 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
RAUL E FADHEL P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED  
15 APR 13 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J 4/14/15

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: PAUL E FADHEL P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

15792 SW 179 TERR

Miami FLA 33193

**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

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

Name and Title: PAUL E FADHEL (P) Name and Title: \_\_\_\_\_

Address: 15792 SW 179 TERR Address: \_\_\_\_\_

Miami FLA 33193

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
15 APR 13 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H15000090403

FILED (cont)

15 APR 13 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: JOSE E Fadhel

Address: 15792 SW 179 TERR  
Miami, FL 33193

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSE E Fadhel

Address: 15792 SW 179 Terr.  
Miami FL 33193

*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

4-13-15  
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

4-13-15  
Date

H15000090485