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1/5/20

Division of Corporations

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
GRUENINGER LAW, P.A.

Certificate of Status	0
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Page Count	03
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FLORIDA

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P. 002/003

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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Grueninger Law, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

267 Minorca Avenue, Suite 100

Coral Gables, Florida 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Law Practice

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susana R. Grueninger

Name and Title: President

Address 267 Minorca Ave, Suite 100

Address:

Coral Gables, FL 33134

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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P. 003/003

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: Susana R. Grueninger
Address: 267 Minorca Avenue, Suite 100
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susana R. Grueninger
Address: 267 Minorca Avenue, Suite 100
Coral Gables, FL 33134

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

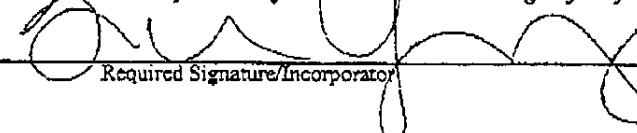


Required Signature/Registered Agent

1/4/15

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.817.133, F.S.



Required Signature/Incorporator

1/4/15

Date