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Florida Department of State
Division of Corporations
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Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION VICENTE C. LAGO, P.A.

Certificate of Status	0
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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: VICENTE C. LAGO, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
5200 SAN AMARO DRIVE
CORAL GABLES, FLORIDA 33146

Mailing address, if different is:
5200 SAN AMARO DRIVE
CORAL GABLES, FLORIDA 33146

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL PURPOSE PURCHASE AND SALE
OF REAL AND PERSONAL PROPERTY.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>VICENTE C. LAGO - D-P-S-T</u>	Name and Title:	_____
Address	<u>5200 SAN AMARO DRIVE</u>	Address:	_____
	<u>CORAL GABLES, FLORIDA 33146</u>		_____

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

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

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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: VICENTE C. LAGO
 Address: 5200 SAN AMARO DRIVE
CORAL GABLES, FLORIDA 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICENTE C. LAGO
 Address: 5200 SAN AMARO DRIVE
CORAL GABLES, FLORIDA 33146

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

[Signature]
 Required Signature/Registered Agent

5/17/16
 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

5/17/16
 Date