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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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**FLORIDA PROFIT/NON PROFIT CORPORATION
1 PROFESSIONAL CONSTRUCTION CORP**

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

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19 JAN -8 AM 5:26
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

1 Professional Construction Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

6915 RED RD. Suite 216
Coral Gables FL 33143

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

LUIS A. LLAMO (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

LUIS A. LLAMO
6915 RED RD. Suite 216
Coral Gables FL 33143

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

LUIS A. LLAMO
6915 RED RD. Suite 216
Coral Gables FL 33143

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Required Signatures:

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

Registered Agent_____
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.

Incorporator_____
Date

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DEPT OF STATE
ATTN: ASSISTANT SECRETARY
TALLAHASSEE, FLORIDA