

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
BHKA & ASSOCIATES P.A.**

Certificate of Status	0
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Corporate Filing Menu

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GOV 13 2019

T. SCOTT

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: BHKA & Associates P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4691 NW 112 CT.
DORAL, FL 33178**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: Debra Campos Name and Title: PresidentAddress: 4691 N.W. 112 CT Address:DORAL, FL 33178

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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(cont.)

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:

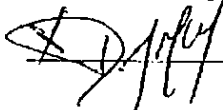
Name: Debra Campos
Address: 4691 N.W. 112 CT.
DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Debra Campos
Address: 4691 N.W. 112 CT.
DORAL FL 33178

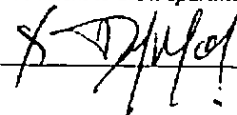
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/08/19
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

11/08/19
Date