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.

(((H19000353242 3)))



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

Sicond

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:	

FLORIDA PROFIT/NON PROFIT CORPORATION DELSA D. GONZALEZ, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

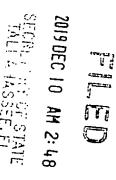
Delsa D. 6007alez, P.A.
of Document # P030000 43280.

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Delsa D Gonzalez



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Delsa D. GONZZIEZ, P.A.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
9353 Harding Ave
LA 308
4553 Harding Ave Aff 308 SURFSIDE FI 33154
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER S:
Delsa D. GONZWER D.P
·
ARTICLE V INITIAL REGISTERED AGENT AND STREET AUDRESS:
The name and Florida street address (PO Box not acceptable) of the registe :ed agent
Delsa D GONZZIEZ
TEISH I HONDOW
11930 N. BAYShore Drive
#804 MAMI A. 33181
ARTICLE VI INCORPORATOR: The name and address of the Incorporator i
POISA D. GONZULEZ
POISA D. GONZZIEZ 9553 HERDING AVE AGT 308 SURFSIDE FI. 33154

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

Registern 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.

Indeposition Dite

ADD ARTICLE III PURPOSE REAL ESTATE