

4/21/2021
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P21000035913

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

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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: VARGAS LAW, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5201 BLUE LAGOON DR STE: 800MIAMI, FL 33126**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE NATURE OF BUSINESS IS LAW PRACTICE.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RAHYSA VARGAS (P)

Name and Title: _____

Address 5201 BLUE LAGOON DR

Address: _____

STE: 800MIAMI, FL 33126

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 APR 21 AM 10:50

MALLARD, FL

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: RAHYSA VARGAS
Address: 5201 BLUE LAGOON DR STE: 800
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAHYSA VARGAS
Address: 5201 BLUE LAGOON DR STE: 800
MIAMI, FL 33126

2021 APR 21 AM 10:50
VALUATION: \$0.00 PL

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 days prior or 90 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.

/s/ Rahysa Vargas _____
Required Signature/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.

/s/ Rahysa Vargas _____
Required Signature/Incorporator Date