Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION PROFESSIONAL FIRST CORP

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11-20-24

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

?
Professional First corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 1. 1888 NW 183RD 51 516205 Miami Gardens FL 33055 Mio336 NW 3016 CT Miami FL 33147
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: OY/ando AVila Licea (D)
2024 110) XII) XIIIA
The name and Florida street address (PO Box not acceptable) of the registered agent is: 10336NW 301h C/Mamifil 33147
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Orlando AVILa Licea 10336NW 30Th CTMiamiFL 33147

EIN: 33-2039134

Required Signatures:

Having been named as registered agent to accept corporation at the place designated in this certificant appointment as registered agent and	t service of process for the above stated icate, I am familiar with and accept the agree to act in this capacity
Registered Agent	Date
submit this document and affirm that the facts state false information submitted in a document to the degree felony as provided for the state of the	ated herein are true. I am aware that he Department of State constitutes a

I s th third degree felony as provided for in s. 817.155, F.S.

Incorporator