

P95000023846

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

0000001436400
-03/24/95--01008--005
*****78.75 *****78.75

SUBJECT: Disability Consultants of Florida, Inc
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Maria I. Sanchez

Name (printed or typed)

9120 Fountainbleau Blvd. #507

24 N.E. 1st Avenue Suite 605

Address

Miami, FL 33172
33132

City, State & Zip

(305) 559-4060

Daytime Telephone number

PROB.
3/24/95
P95-23846

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED
1995 MAR 23 PM 11:16
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Disability Consultants of Florida, Inc.,

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

14 N.E. 1st Avenue
Suite 605
Miami, FL 33132

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria I. Sanchez
14 N.E. 1st Avenue
Suite 605
Miami, FL 33132

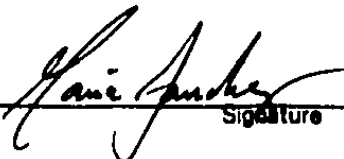
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Maria I. Sanchez | Carlos E. Sanchez
14 N.E 1st Avenue
Suite 605
Miami, FL 33132

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20th day of March, 1995.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

Section 607.0202, Florida Statutes

- The Names and addresses of initial director(s)

Maria I. Sanchez

Carlos E. Sanchez

9120 Fountainebleau Blvd Apt #507
Miami, FL 33172.

Note

Please mail COPY OF the Certificate

to: Maria I Sanchez

9120 Fountainebleau Blvd #507

Miami Florida

33172

FILED
1995 MAR 20 11:11:13
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Disability Consultants of Florida, Inc.,

2. The name and address of the registered agent and office is:

Maria I. Sanchez

(Name)

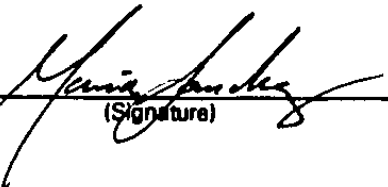
14 N.E. 1st Avenue Suite 605

(P.O. Box or Mail Drop Box NOT acceptable)

Miami, FL 33132

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

03-20-95

(Date)

P93000023846

February 26, 1996

REPLACEMENT FEE 1995

**REINSTATEMENT:
CONSTRUCTION, INC.**

TRI-LAKE

DEBIT MEMO: # 62259-J

100001724231
-02/26/96--01078--003
***393.75 ***393.75

CHECK #: 385