

06/30/95 15:06

FLORIDA DIVISION OF CORPORATIONS

1005 522-8591

P. 001

P95000051411

6/30/95

FLORIDA DIVISION OF CORPORATIONS

3:00 PM

PUBLIC ACCESS SYSTEM

((H95000007355))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAS-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

3405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

-0000

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

PHONE: (305) 599-0039

FAX: (305) 592-9591

FAX: (904) 922-4000

((H95000007355))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: MARIA A. FERNANDEZ & ASSOCIATES, CORP.

FAX AUDIT NUMBER: H95000007355

CURRENT STATUS: REQUESTED

DATE REQUESTED: 06/30/1995

TIME REQUESTED: 15:09:46

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 1

NUMBER OF PAGES: 3

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$78.75

ACCOUNT NUMBER: 071001002335

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H95000007355))

** ENTER 'M' FOR MENU. **

6/30/95

FLORIDA DIVISION OF CORPORATIONS

3:10 PM

PUBLIC ACCESS SYSTEM

FILED

95 JUN 30 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
7/3

DIVISION OF CORPORATIONS

95 JUN 30 PM 4:20

RECEIVED

H95000007355

ARTICLES OF INCORPORATION

DE

Maria A. Fernandez & Associates, Corp.

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

ARTICLE I. NAME

The name of the corporation shall be:

Maria A. Fernandez & Associates, Corp.

The principal place of business of this corporation shall be:

330 West 10th Street No.2
Hialeah FL 33010

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is one hundred shares at one dollar per value.

ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V. OFFICERS/DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

DIRECTOR MARIA A. FERNANDEZ
 330 West 10th Street No.2
 Hialeah FL 33010

Prepared by: Maria A. Fernandez
330 West 10th St. No.2
Hialeah, FL 33010
(305) 594-6555

H95000007355

FILED
95 JUN 30 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/30/95 16:07 FAS-T CORPORATE AGENTS

(305) 592-9591

P. 003

H95000007355

ARTICLE VI INCORPORATOR(S)

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

Maria A. Fernandez
330 West 10th Street No.2
Hialeah FL 33010

The undersigned has (have) executed these Article of Incorporation this 21 day of June, 19 95.


Maria A. Fernandez

H93000007355

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

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized 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: Maria A. Fernández & Associates, Corp.

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

Maria A. Fernández
330 West 10th No.2
Hialeah FL 33010

SIGNATURE

TITLE

DATE

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 AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

FILED
PM 4:53
JUL 1 1995
CLERK OF STATE
TALLAHASSEE, FLORIDA