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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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June 13, 1997

Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

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-06/16/97--01160--001  
\*\*\*\*122.50 \*\*\*\*122.50

Re: MICHAEL GLEBER AND ASSOCIATES, P.A..

Dear Sir/Madam:

Enclosed please find the Articles of Incorporation in reference to the above-named professional association for filing. Also, a check in the amount of \$122.50 representing the filing fee is enclosed.

The name and address of the incorporator and the address of the principal office are covered under Article VIII.

Thank you for your assistance in this matter.

Very truly yours,



KIERAN P. FALLON

KPF:mcc

Enclosures

RP  
6-17-97

**ARTICLES OF INCORPORATION**

**of**

**MICHAEL GLEBER AND ASSOCIATES, P.A.**

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THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A PROFESSIONAL CORPORATION FOR PECUNIARY PROFIT UNDER THE PROVISIONS OF CHAPTERS 607 and 621 OF THE FLORIDA STATUTES, HEREBY MAKES SUBSCRIBES, ACKNOWLEDGES AND FILES THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I**

The name of this professional service corporation is MICHAEL GLEBER AND ASSOCIATES, P.A.

**ARTICLE II**

The period of its duration is perpetual.

**ARTICLE III**

This Corporation is formed to engage in every phase and aspect of design, architecture and construction, including, but not limited to performing any and all acts whatsoever in order to implement the business purpose of this Corporation.

**ARTICLE IV**

The date and time of the commencement of the professional association existence shall be the date of the filing of these Articles by the Department of State.

**ARTICLE V**

The aggregate number of shares which the corporation shall have authority to issue is one thousand (1,000) shares of capital stock, \$1.00 par value.

**ARTICLE VI**

The number of directors constituting the initial Board of Directors of the corporation is one (1) and the name and address of the person who is to serve as director until the first annual meeting of shareholder(s) or until the successor(s) are elected and qualified are:

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President: Michael Gleber  
Vice-President: Michael Gleber  
Secretary/Treasurer: Michael Gleber

ARTICLE VII

The Shares of Capital Stock of this shall be issued to the following person(s):

<u>NAME</u>	<u>ADDRESS</u>	<u>SHARES</u>
MICHAEL GLEBER	2515 Lucille Dr. Ft. Lauderdale, FL 33316	1,000

ARTICLE VIII

The name of the incorporator and the address of the principal office is:

Michael Gleber  
2515 Lucille Dr.  
Ft. Lauderdale, FL 33316

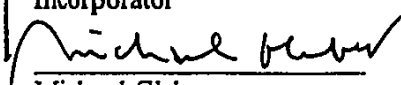
ARTICLE IX

The name and address of the initial registered agent is: Michael Gleber

The address of registered office is: 2515 Lucille Dr.  
Ft. Lauderdale, FL 33316

DATED: 6/13/97

  
\_\_\_\_\_  
Michael Gleber  
Incorporator

  
\_\_\_\_\_  
Michael Gleber  
Initial Registered Agent

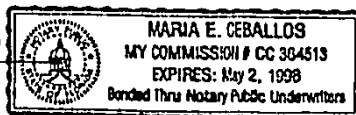
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OFFICE OF CORPORATIONS

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STATE OF FLORIDA     )  
                                  )  
COUNTY OF DADE     )

The foregoing instrument was acknowledged before me this 13th day of June, 1997, by Michael Gleber, as the Incorporator and as the Initial Registered Agent, (☒) who is personally known to me (☐) who provided as identification \_\_\_\_\_ and (☐) who did (☒) who did not take an oath.

*[Signature]*  
NOTARY PUBLIC  
State of Florida at Large



**CERTIFICATE OF DESIGNATION - REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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:  
Michael Gleber and Associates, P.A..
2. The name and address of the registered office is:  
Michael Gleber  
2515 Lucille Dr.  
Ft. Lauderdale, FL 33316

DATED: 6/12/97

SIGNATURE: *[Signature]*  
TITLE: PRESIDENT  
DATE: 6/10/97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: *[Signature]*  
TITLE: REGISTERED AGENT  
DATE: 6/12/97