## TRANSMITTAL LETTER Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 MARIA ISABEL CADENAS, CPA, P.A. (Proposed corporate name - must include suffix) 600002773686 -02/12/99--01036--003 \*\*\*\*\*78.75 \*\*\*\*\*78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 **4** \$78.75 □\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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

Daytime Telephone number

305-665-4730

0) 0 115

## ARTICLES OF INCORPORATION OF Maria Isabel Cadenas, CPA, P.A.

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

ARTICLE I NAME

The name of the corporation shall be:

Maria Isabel Cadenas, CPA, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

5890 SW 82 Street Miami, FL 33143

The mailing address of this corporation shall be:

6619 S. Dixie Highway, # 326 Miami, FL 33143

ARTICLE III SHARES

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Maria Isabel Cadenas 5890 SW 82 Street Miami, FL 33143

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Maria Isabel Cadenas 5890 SW 82 Street Miami, FL 33143

ARTICLE VI PURPOSE

This corporation is organized for the purpose of rendering public accounting, tax, management advisory and consulting services.

Signature/Incorporator

Date

## ARTICLES OF INCORPORATION OF Maria Isabel Cadenas, CPA, P.A.

Having been named as registered agent and to accept service 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 provision 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/Registered Agent

Date

99 FEB 12 AM 10: 43
DIVISION CONTROL OF FLORIDA