Division of Corporations

Page I of 2

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : FEDERICO M. FERMIN

Account Number : 110560000144 Phone : (305)480-8300

Fax Number : (305)444-4398

FLORIDA PROFIT CORPORATION OR P.A.

A. YOUNG & ASSOCIATES, P.A.

Certificate of Status	0 1
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Horida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Horida.

ARTICLE I NAME

The name of this corporation shall be:

A. YOUNG & ASSOCIATES, P.A.

ARTICLE II DURATION

This corporation shall commence existence upon the filing of these Articles of accorporation by the Department of State, State of Florida, and shall perpetual existence.

ARTICLE III PURPOSES

The general nature of the business and objects and purposes proposed to be ansacted and carried on by this corporation are to do any all of the things herein tentioned, as fully and to the same extent as natural persons might do, viz.:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate name.

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SECRETARY OF STATE

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ARTICLE IV CAPITALIZATION

The aggregate number of shares which the corporation shall have authority to issue the total sum of shares, having an individual par value of:

100 TOTAL SHARE / \$1.00 A SHARE.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial lesident Agent of this Corporation shall be:

Angelica Young 241 Sevilla Ave. Suite 100 Coral Gables, Fl. 33134

The principal office shall be:

241 Sevilla Ave. Suite 100 Coral Gables, FL. 33134

ARTICLE VI MANAGEMENT OF INCORPORATION

The initial Board of Directors shall consist of a total of one person, and the name and address of the person who is to serve as initial director is:

PRESIDENT:

Angelica Young 241 Sevilla Ave. Suite 100

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Federico M Fernin 10241 NW 9 S Cricle 205 Miami, Fl. 33172 305 480-8300 H99000016750 4

ARTICLE VII INCORPORATOR

ne name and address of the incorporator executing these Articles of Incorporation is:

Angelics Young 241 Sevills Ave. Suite 100 Coral Gables Fl. 33134

ARTICLE VIII AMENDMENTS

The corporation reserves the right to amend, alter, change or repeal any provision in these Articles of Incorporation in the manner prescribed by law, and all rights conferred by these articles are subject to this reservation.

Articles of Incorporation this _____ day of ______ 1998.

<u>eadir</u> Angelica Young

STATE OF FLORIDA

SS.

COUNTY OF DADE

BEFORE ME, a notary public authorized to take acknowledgments in the sate and county set forth above, personally appeared <u>Oroglico</u> know to me and known by me to be the person (s) who executed the fivegoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this _______ day of ________ 1997.

NOTARE FUBLIC, STATE OF ELORIDA AT LARGE

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CERTIFICATE OF DESIGNATION REGISTERED AGENT REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501 Florida Statutes, the adersigned corporation, organized under the laws of the State of Florida, submits the flowing statement in designating the registered office / registered agent, in the State of

The name of the corporation is:

A. YOUNG & ASSOCIATES, P.A.

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

Angelica Young 241 Sevilla Ave. Suite 100 Coral Gables Fl. 33134

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DE IGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I STATUTES ACTION THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

ngelica Young

DATE:

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