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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

RE-SUBMIT

PLEASE OBTAIN THE ORIGINAL
FILE DATE

FLORIDA PROFIT CORPORATION OR P.A.

SOLKOFF & ASSOCIATES, P.A.

Certificate of Status	0
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2004 DEC 22 AM 8:51
ALLAHASSEE FLORIDA

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12/23 '04 09:48 NO.170 02/05
PAGE 001/001 Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 23, 2004

YOUR CAPITAL CONNECTION, INC.

SUBJECT: SOLKOFF & ASSOCIATES, P.A.
REF: W04000046764

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ALLAHASSEE FLORIDA
DEPT OF STATE

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific nature of business of the professional association must be stated in the document.

An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filings Section

FAX Aud. #: H04000251377
Letter Number: 804A00071211

RE-SUBMIT
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CAPITAL CONNECTION

850 222 1222

12/23 '04 09:49 NO.170 03/05

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TALLAHASSEE STATE
FLORIDA

**ARTICLES OF INCORPORATION
OF
SOLKOFF & ASSOCIATES, 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 is **SOLKOFF & ASSOCIATES, P.A.**

The specific nature of business of this professional association is the practice of law.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business is and mailing address of the corporation is 1901 S. Congress Ave., #350, Boynton Beach, FL 33426.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is twenty (20) shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Scott M. Solkoff, 1901 S. Congress Ave., Suite 350, Boynton Beach, FL 33426.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is Scott M. Solkoff, 1901 S. Congress Ave., #350, Boynton Beach, FL 33426.

ARTICLE VII: SPECIAL PROVISIONS

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 22nd day of December 2004. Your Capital Connection, Inc., by Stacey Piland, Client Representative

Stacey Piland

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

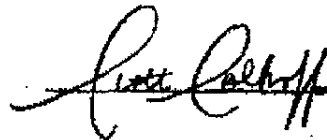
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TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Solkoff - Associates, P.A.

2. The name and street address of the registered agent and office is: Scott M. Solkoff
1901 S. Congress Ave., Suite 350, Boynton Beach, FL 33426

HAVE 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.



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