

P97000086479

TRANSMITTAL LETTER

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

000002312940--6
-10/06/97--01129--015
*****78.75 *****78.75

SUBJECT: Shama & Associates inc.

Enclose is an original and one (1) copy of the articles of incorporation and a check for :

- () \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate ✓
- () \$122.50 Filing Fee & Certified Copy
- () \$131.25 Filing Fee, Certified Copy & Certificate

From:

Shama Harrysingh
8255 Via Diveneto
Boca Raton FL 33496

Ph: 561-852-9159

FILED
97 OCT -6 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date: 10/14/97

Articles Of Incorporation

FILED
97 OCT -6 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: **Shama & Associates inc.**

ARTICLE II PRINCIPLE OFFICE

The principal place of business and mailing address of this corporation shall be:

**8255 Via Diveneto
Boca Raton FL 33496**

ARTICLE 111 SHARES

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

500 common

ARTICLE IV INITIAL REGISTERD AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Michael R Ragoonath
200 KNUTH RD., SUITE 248-E
BOYNTON BEACH, FL 33426**


ARTICLE V INCORPORATOR(S)

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

**Shama Harrysingh
8255 Via Diveneto
Boca Raton FL 33496**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

1st day of October, 1997


Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Shama + Associates, Inc

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

Michael R. Rapoport
(Name)

200 Knuth Road Suite 249 E
(P.O. Box not acceptable)

Boynton Beach FL 33436
(City/State/Zip)

97 OCT -6 PM 2:16
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 I am familiar with and accept the obligations of my position as registered agent.

Ally P. Rapoport
(Signature)

10-01-97
(Date)