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

SUBJECT: Conet & Goldman, P.A. (Proposed corporate name - must include suffix)							
Enclosed 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				
		ADDITIONAL CO	PY REQUIRED				
FROM: _	Michael Name (F	H. Goldman		.			
15911 Elloworth Dr. Address ALLON 30 TI							
100000 100 22 PM.							
City, State & Zip (813) 9715 - 9091 Daytime Telephone number							

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

ARTICLES OF INCORPORATION

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

ARTICL	E	Ŧ	NAME
AKIICE	Æ	1	NAME

The name of the corporation shall be:

Comet & Goldman, P.A.

ARTICLE II PRINCIPAL OFFICE

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

15911 Ellsworth Drive 3: 5

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Michael H. Goldman

Michael H. Goldman 15911 Ellsworth Drive Tampa, FL 33647

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Michael H. Goldman

15911 Ellsworth Drive Tampa, FL 33647

ARTICLE VI PURPOSE

The purpose of the corporation is the practice of law.

Signature/Incorporator

7/27/98

Date

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.

Signature/Registered Agent/

7/27/9

Date