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

SUBJECT:	ECT:Eisenstark AGency Inc.		
	(Proposed corpo	rate name - must include sui	******78.75 ******78.75
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for :
□ \$70.00 Filing Fee	\$18.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Roslyn Eisenstark		
	Name (Printed or typed)		TALLAR TALLAR
	6310 NW 60 Way		
	Address		SSEE
	Parkland, FL 33067		
	City, State & Zip		AMIO: 16
	561 488-2346	- =	Jr.

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

Daytime Telephone number

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.

ARTICLE I NAME

The name of the corporation shall be:

Eisenstark Agency Inc.

ARTICLE II PRINCIPAL OFFICE

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

8221 Glades Road Boca Raton, FL 33434

ARTICLE III SHARES

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

-100-

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are;

Roslyn Eisenstark

6310 NW 60 Way

Parkland, FL 333067

ARTICLE V INCORPORATOR

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

Roslyn Eisenstark

6310 NW 60 Way

Parkland, FL 33067

Signature/Incorporator

3/3/00 Date

(An additional article must be added if an effective date is requested.)

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

Date

STORY MO. 16