7000031939

HERBCO AUDITING SERVICE, INC

P. O BOX 16431 PLANTATION, FLORIDA 33318-6431

Phone 954-791-7041 Fax 954-321-3541

March 22, 2000

300003183503----03/24/00--01090--004 ******70.00 ******70.00

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

Gentlemen:

Enclosed find 2 copies of the Articles of Incorporation for "PATRICIA GURWITZ, INC".

A check in the amount of \$70.00 is enclosed to cover costs.

Please file and send to the above address at your earliest convenience.

Sincerely,

Lerbert B Stalley Herbert B. Steinberg

00 MAR 24 AM 8: 20
SECRLIANY OF STATE
AND AHASSEE, FLORIDA

ARTICLES OF INCORPORATION

"PATRICIA GURWITZ, INC"

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act hereby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is: PATRICIA GURWITZ, INC

ARTICLE TWO

The address of the corporation is:

860 Northwest 110 lane

Coral Springs, Florida 33071

ARTICLE THREE

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

is 500. All will be common without par value.

ARTICLE FOUR

The name and Florida address of the initial registered agent is:

Patricia Gurwitz

860 Northwest 110 Lane

Coral Springs, Florida 33071

ARTICLE FIVE

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

Patricia Gurwitz

860 Northwest 110 Lane

Coral Springs, Florida 33071

Elization President

ARTICLE SIX

The corporation shall be deemed to commence it's existence when filed.

ARTICLES OF INCORPORATION "PATRICIA GURWITZ, INC"

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 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

DO MAR 24 AM 8: 20
SECRE LANY OF STATE
AHASSEE, FLORID