

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850) 922-4001

From:

Account Name : CAPITAL CONNECTION, INC.

Account Number : 120000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

FLORIDA PROFIT CORPORATION OR P.A.

CINDY LENOFF ZATZMAN, P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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OF

CINDY LENOFF ZATZMAN, 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 CINDY LENOFF ZATZMAN, P.A. The purpose of this Professional Association shall be to provide legal services and representation within the State of Florida.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is P.O. Box 451784, Sunrise, FL 33345-1784.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$100.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is cindy Lenoff Zatzman, Esq., 3501 NW 111 Terrace, Sunrise, FL 33351.

ARTICLE V: INCORPORATOR

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

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is

> Cindy Lenoff Zatzman, Esq. 3501 NW 111 Terrace, Sunrise, FL 33351.

The undersigned has executed these Articles of Incorporation this 22nd day of November, 2000.

"Capital Connection, Inc. by Lauren Strong, Client Representative"

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CERTIFICATE OF DESIGNATION ' REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section \$07.0501, 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 t	he corporatio	n is: CI	NDY LENOFT 27	ATZMAN, P.A.	
		street addres				

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT BERVICE 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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