

TRANSMITTAL LETTER

P01000071908

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

500004486265--9  
-07/19/01--01072--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: LAW OFFICES OF NOEL FLASTERSTEIN P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

FROM: Noel Flasterstein  
Name (Printed or typed)

3030 Marcos Dr. T-208  
Address

Aventura, FL, 33160  
City, State & Zip

(305) 682-0844  
Daytime Telephone number

01 JUL 19 AM 9:38  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

T. Burch JUL 23 2001

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

LAW OFFICES OF NOEL FLASTERSTEIN P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

3030 MARCOS DR. T 208  
Aventura, FL, 33160

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE PRACTICE OF LAW

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

NOEL FLASTERSTEIN  
3030 MARCOS DR T 208  
Aventura, FL, 33160

**ARTICLE VI REGISTERED AGENT**

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


NOEL FLASTERSTEIN  
3030 MARCOS DR T 208  
Aventura, FL, 33160

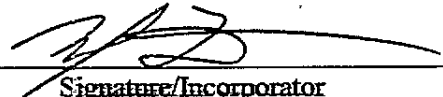
**ARTICLE VII INCORPORATOR**

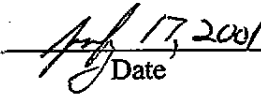
The name and address of the Incorporator is:

NOEL FLASTERSTEIN  
3030 MARCOS DR T 208  
Aventura, FL, 33160

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

FILED  
01 JUL 19 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA