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TRANSMITTAL LETTER

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

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-07/01/02--01072--003
*****78.75 *****78.75

SUBJECT: NEVEN BRAIL CPA 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: NEVEN BRAIL
Name (Printed or typed)

10500 SW 96th TERRACE
Address

MIAMI FLORIDA 33176
City, State & Zip

Daytime Telephone number

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

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:
Neven Brail, CPA, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
10500 SW 96 Terrace
Miami, Florida 33176

ARTICLE III PURPOSE

To engage in every aspect in the practice of accounting, and all its fields of specializations, as are engaged in by an accountant.

ARTICLE IV SHARES

The number of shares of stock is:
100 shares at \$1.00 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es), and title(s):
Neven Brail
10500 SW 96 Terrace
Miami, Florida 33176
President

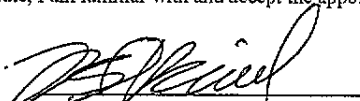
ARTICLE VI REGISTERED AGENT

The name and street address of the registered agent is:
Neven Brail
10500 SW 96 Terrace
Miami, Florida 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Neven Brail
10500 SW 96 Terrace
Miami, Florida 33176

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 in this capacity.


Signature/Registered Agent

6/26/02
Date


Signature/Incorporator

6/26/02
Date