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TALL ARASSES FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Exc	clusive Mediation Services,		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	final and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Bruce M. Berger, CPA		
	Name	(Printed or typed)	
	517 NE 6th Street		
,		Address	
	Fort Lauderdale, Florida 33304		
	City	, State & Zip	
	954-779-7191		
	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:

Exclusive Mediation Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 517 NE 6th Street, Fort Lauderdale, Florida 33304

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Mediation services and other lawful activities.

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):

ARTICLE VI REGISTERED AGENT

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

Bruce M. Berger, CPA 517 NE 6th Street, Fort Lauderdale, Florida 33304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bruce M. Berger, CPA, 517 NE 6th Street, Fort Lauderdale, Florida 33304

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

tered Agent

Signature/Incorporator