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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	<del></del>
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Certified Copies	_ Certificates of	Status
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OFFICE USE ONLY(DOCUMENT #)			
LAZARUS CORPORATE FI	LING SERVICE		
320 S.W. 87 AVENUE			
MIAMI, FLORIDA (305)552-5973			
	OFFICE USE ONLY		
CONTINUE A THEORY BLANTINGS O	TACCETA SEPARE ATTENDED TO A CONTROL OF THE ACTION OF THE		
CORTORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):		
1. (301N & ASSU	OCIALES, INC.		
(Corporation Nama)	(Document #)		
2. (Corporation Name)	(Document #)		
3.			
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
Walk in Pick up tim	ne 2.00 Certified Copy		
Mail out Will wait	Photocopy Certificate of Status		
NEW FILINGS	AMENDMENTS		
Rrofit	Amendment		
NonProfit	Resignation of R.A., Officer/Director		
. Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS	REGISTRATION/		
Annual Report	QUALIFICATION		
Fictitious Name	Foreign		
Name Reservation	Limited Partnership		
	Reinstatement		
	Trademark		

Other

Examiner's Initials

## ARTICLES OF INCORPORATION OF

The undersigned subscriber(s) to these Articles of Incorporation natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

#### ARTICLE I

#### CORPORATION NAME

The corporation's name shall be: BOIM & ASSOCIATES, INC

#### ARTICLE II

#### DURATION

This corporation shall exist perpetually unless dissolved according to Florida laws.

#### ARTICLE III

#### PURPOSE

The corporation is organized for the purpose of engaging in any activity of business permited under the laws of the United States and the State of Florida.

### ARTICLE IV

#### CAPITAL STOCK

The corporation is authorized to issue One hundred 100 ) shares of Five (\$5.00) par value Common Stock, which shall be designated "Common Shares".

#### ARTICLE V

#### PLACE OF BUSINESS

The principal place of business of said corporation shall be:

#### ARTICLE VI

#### NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

## ARTICLE VII

#### BOARD OF DIRECTORS

The name and adresses of the first Board of Directors of this Corporation who shall hold office initially, are as follow:

NAME: MATIAS BONDER	
ADDRESS: 4678 NW 113 Place	
CITY: Miami STATE: FL Z.C.: 33178	
NAME: GINA IMBRONDONE	
ADDRESS: 4678 NW 113 Place	
CITY: Miami STATE: FL Z.C.: 33178	
NAME:	
ADDRESS:	
CITY: STATE: Z.C.:	
ARTICLE VIII	
INCORPORATORS	•
The name and addresses of the incorporators signing incorporation, are as follow:	these Articles of the
NAME: MATIAS BONDER TITLE:	resident
ADDRESS: 4678 NW 113 Place	<u> </u>
CITY: Miami STATE: FL Z.C.:	
NAME: GINA IMBRONDONE TITLE: Vic	e-president
ADDRESS: 4678 NW 113 Place .	
CITY: Miami STATE: FL Z.C.: 33	178
NAME:	-
ADDRESS:	
CITY: STATE: Z.C.:	
IN WITNESS WHEREOF, the undersigned subscriber(s) Articles of Incorporation, this 28 day of October	have executed these of 2003
(Seal)	(Seal)
(Seal)	(Seal)
(Sea1)	(Seal)

STATE OF FLORIDA )
COUNTY OF MIAMI DADE )

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

MATIAS BONDER AND GINA IMBRONDONE

known to me and known to be the person(s) who executed the foregoing

Articles of Incorporation, and who acknowledged before me that they

executed these Articles of Incorporation.

IN WITNESS WHERFOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 28 day of 0ctober of 2003.

Notary Public State of Florida at large

GEORGINA BALLINA
MY COMMISSION # DD 040259
EXPIRES: July 16, 2005
1-800-3-NOTARY FL Notary Service & Bonding, Inc.

## CERTIFICATE OF REGISTERED AGENT

	<u>OF</u>	_	22 U
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BOIM &	ASSOCIATES, I	INC	
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In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST: That BOIM & ASSOCIATES, INC	desiring	to
organize under the laws of the State of Florida with its	principal o	ffice
as indicated in the articles of incorporation at city of	Miami	,
County of Miami-Dade State of Florida , has	named:	

To: MATIAS BONDER

Located at: 4678 NW 113 Place

City of: Miami County of: Miami-Dade

State of Florida.

at its Agent to accept service of process within this State.

#### ACKNOWL EDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida law in keeping open said office.

Registered Agent