P04000005247

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ry/State/Zip/Phone | <i>⇒ #</i>) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



100025745891

U1/00/04--01024--015 **78.75

OH JAN -6 AN 9: 05
SECKL / STATE
SECKL / STATE
S

js

Charter Number Only

VALIDATION

0 N 0

Requestor's Name

Address

City State ZiP Phone

OH JAN -6 AM SIATE

CORPORATION(S) NAME

| Warrer | 1 LIE | erman, P. |) |
|-------------------------|--------------------|-------------------------------|---------------------------------------------|
| | | | |
| | | | |
| | | | |
| | <u> </u> | | |
| | | | |
| Profit | | | |
| () NonProfit | (|) Amendment | () Merger |
| () Foreign | t |) Dissolution | () Mark |
| () Limited Partnership | (|) Annual Report) Reservation | () Other () Change of Registered Agent |
| () Reinstatement | |) Neservation | () Change of Registered Agent |
| () Certified Copy | (|) Photo Copies | () Certificate Under Seal |
| Call When Ready | (() Will Wait |) Call If Problem | () After 4:30 () Mail Out |

Name
Avellability

Document
Examinar

Updater

Verifier

Acknowledgment

W.P. Verifier

CERTIFIED COPY

Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

of

| Warren Lieberm | en PA. | |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------|
| (r | name of corporation) | |
| The undersigned subscriber(s) to these Articles of Licorporation under the laws of the State of Florida. | ncorporation, natural person(s) competer | nt to contract, hereby form a |
| | LE I - CORPORATE NAME | |
| The name of the corporation is: | | TASS TASS |
| Warren Lieber | man, P.A. | |
| ART | TICLE II - DURATION | HASSLE, |
| This corporation shall exist perpetually unless disso | lved according to Florida law. | 9: N7 STATE FLORID |
| AR' | TICLE III - PURPOSE | D |
| The corporation is organized for the purpose of eng. United States and the State of Florida. ARTIC The corporation is authorized to issue | CLE IV- CAPITAL STOCK Shares (100) of | ONA. |
| ARTICLE V - INITIA | L REGISTERED OFFICE AND AGENT | • |
| The street address of the Initial Registered Agent of | ffice and the name of the Initial Registere | ed Agent at that office is: |
| NAME Warren Liebermun | | |
| ADDRESS 13637 Deering Sa | Dr #231 | |
| CITY Corel Gables | FLORIDA | ZIP <i>33/5</i> 8 |
| The principal office, if known, or the mailing addre | ss of the corporation is: | |
| NAME Warren Licherman | PB. | |
| ADDRESS /3637 Deering Ba | Ey Dr. #231 | |
| CITY (one) Gables | FLORIDA | ZIP 33/58 |

ARTICLE VI - INITIAL BOARD OF DIRECTORS

| This corporation shall have | () directors initially. The number | r of directors may be either |
|-------------------------------------------------------|---------------------------------------------------|---------------------------------------|
| increased or diminished from time to time by th | e By-Laws, but shall never be less than one (1 | |
| of the initial director(s) of the corporation are as | s follows: | |
| (, 2 /) | | |
| NAME Horren Liebern | 7 2 | |
| ADDRESS 13637 Deening | Bey Ilr # 231 | |
| CITY Long Hables | STATE / | ZIP 33/58 |
| NAME | | |
| ADDRESS | · | |
| CITY | STATE | ZIP |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |
| | | |
| ART | ICLE VI I - INCORPORATORS | |
| The names and addresses of the incorporators si | faming these Articles of Incorporation are as fo | allower |
| The names and addresses of the meorphators si | ighing these Articles of Incorporation are as re- | люws. |
| NAME Wannen Lickon | (e.) | |
| ADDRESS 13637 Deerin | a Bex Dr #231 | |
| CITY Coral Gables | STATE F/ | ZIP 3 3/50 |
| NAME | | |
| ADDRESS | | <u> </u> |
| CITY | STATE | ZIP |
| NAME | | |
| ADDRESS | | |
| СІТУ | STATE | ZIP |
| | | |
| | | |
| IN WITNESS WHEREOF, the undersigned subday of 49 2003 | scriber(s) have executed these Articles of Inco | orporation this |
| day of | | |
| | | (Seal) |
| | | · · · · · · · · · · · · · · · · · · · |
| | | (Seal) |
| | | (Seal) |

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

| Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: | |
|-----------------------------------------------------------------------------------------|--|
| The above corporation, desiring to organize under the laws of the State of Florida with | |
| its registered office as indicated in the Articles of Incorporation | |
| at 13637 Deering Say Dr, # 231 8 6 | |
| Corel Gables, Flor 33158 | |
| has named Warren Lieberman D.AT. | |

ACKNOWLEDGEMENT

located at the aforesaid address, as its Registered Agent to accept service of process within

this state.

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)