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TRANSMITTAL LETTER

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

(I KOI OSED COKI OKA	TE NAME - WOST INCL	ODE SUFFIX)
nd one (1) copy of the art	icles of incorporation and	a check for:
\$78.75 ng Fee Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
	L	PY REQUIRED
COTT HALPE.	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·
740 N.W. 7	4th Court	
	-	
THRKLAND, F	-LORIDA 5306 State & Zip	<u> </u>
	COTT HALPENAME PARKLAND, F Cell 5/6-642	ng Fee Filing Fee

SUBJECT: SCOTT HALPERIN CPA "P.A."

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

TARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME SCOTT HALPERIN CPA "P.A." The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE 6740 N.W. 74 th Court The principal place of business/mailing address is: PARKIAND, FURIDA 33067 ARTICLE III *PURPOSE* The purpose for which the corporation is organized is: PERFORM ACCOUNTING AND TAX RETURN ARTICLE IV SHARES The number of shares of stock is: 100 No PAL VALUE ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): SCOTT HALPERIA PRESIDENT - DIRECTOR 100% shoulder ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: SCOTT HAYER IN 6740 Court PANKLAND, FROMBA 33067 **INCORPORATOR** ARTICLE VII The name and address of the Incorporator is: 6740 N.W. 74 th Court PANICIAND, FORIDA 33067 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