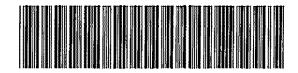
# 184800079526

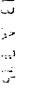
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Oity/State/Zip/Filotte #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



200034153362

04/30/04--01036--008 \*\*78.75





# TRANSMITTAL LETTER

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

Enclosed are an orig	rinal and one (1) copy of the artic	les of incorporation and	a check for:	
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM: JERRY A 60 MOLSKi Name (Printed or typed)				
17080 NW 15 IH ST. Address				
PEMBROKE PINES FL 33028 City, State & Zip				
	954-660 Daytime Te	5 - 4110 lephone number	-	

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



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 6, 2004

JERRY A. GOMOLSKI 17080 NW 15TH ST. PEMBROKE PINES, FL 33028

SUBJECT: JERRY A. GOMOLSKI, CPA, P.A.

Ref. Number: W04000017561

We have received your document for JERRY A. GOMOLSKI, CPA, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Document Specialist New Filings Section

Letter Number: 904A00031012

RECEIVED

### ARTICLES OF INCORPORATION OF

JERRY A. GOMOLSKI, CPA, P.A.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of <u>FLORIDA</u>.

ARTICLE I - NAME

The name of the corporation shall be:

Jerry A. Gomolski, CPA, P.A.

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation. THE PRACTICE OF PUBLIC ACCOUNTING.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV - ADDRESS

The street address of the initial registered office of the corporation shall be:

17080 NW 15 Street Pembroke Pines, FL 33028

and the name of the initial Registered Agent for the corporation at that address is:

Jerry A. Gomolski

ARTICLE V - SPECIAL PROVISIONS

The stock of this corporation is intended to qualify under the requirements of Section 1244 of the Internal Revenue Code and the regulations issued thereunder. Such actions as may be necessary shall be deemed to have been taken by the appropriate officers to accomplish this compliance.

ARTICLE VI - TERM OF EXISTENCE

This corporation shall exist perpetually.

## ARTICLE VII - LIMITATION OF LIABILITY

Each director, stockholder and officer, in consideration for his services, shall, in the absence of fraud, be indemnified, whether then in office or not, for the reasonable cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

### ARTICLE VIII - SELF DEALING

No contract or other transaction between the corporation and other corporations, in the absence of fraud, shall be affected or invalidated by the fact that any one or more of the directors of the corporation is or are interested in a contract or transaction, or are directors or officers of any other corporation, and any director or directors, individually or jointly, may be a party or parties to, or may be interested in such contract, act or transaction, or in any way connected with such person or person's firm or corporation, and each and every person who may become a director of the corporation is hereby relieved from any liability that might otherwise exist from this contracting with the corporation for the benefit of himself or any firm, association or corporation in which he may be in any way interested. Any director of the corporation may vote upon any transaction with the corporation without regard to the fact that he is also a director of such subsidiary or corporation.

This corporation shall have a minimum of  $\frac{1}{1}$  director(s). The initial Board of Directors shall consist of:

Jerry A. Gomolskí

ARTICLE IX INCORPORATOR

The name and address of the incorporator is:

Jerry A. Gomolski 17080 NW 15 Street Pembroke Pines, FL 33028

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on this 28 day of 1004.

JERRY A GOMOLSICI

State of FL )
State of <u>FL</u> ) county of <u>OAOE</u> ) ss.
The foregoing instrument was acknowledged by me this 38 day of Aul , 2004 by: VEDLY A COMOLSE/ who is/are personally known by me or who has/have produced: as identification and who did not take an oath.
Notary Public State of FLORIAN  My Commission Expires:
David M Berman  My Commission DD133258  Expires October 22, 2006
DESIGNATION OF AND ACCEPTANCE BY REGISTERED AGENT
The following is submitted in compliance with the laws of the State of PLOKIDA.
a corporation organizing under the laws of the State of <u>FLORIOB</u> , with its principal office located at:
has named SERRY BOMOLSE., whose address is MOBO NW 15 TA ST PEMOLOCE PAGE as its Agent to accept service of process within this State.
ACCEPTANCE:

Registered Agent:

State of Florian

County of PAOE

The foregoing instrument was acknowledged by me this day of APEL , DOY by: FRA A CONSIGNAL who is/are personally known by me or who has/have produced:

as identification and who did take an oath.

I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some

conspicuous place in the office as required by law.

Doned My Sainer (SEAL)

Notary Public State of FLORIO

My Commission Expires:

