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Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.

Account Number : Il9990000058 : (954)753-2222 Phone Fax Number : (954)753-1123

# FLORIDA PROFIT CORPORATION OR P.A.

MARCI SCHULKIN, INC.

Certificate of Status	1
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# ARTICLES OF INCORPORATION OF

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

NAME

The name of the corporation shall be:

Marci Schulkin, Inc.

ARTICLE TWO-

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

4965 N. Hemingway Circle Margate, FL 33063

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A. 2801 N. University Drive suite 301 CORAL SPRINGS, FL 33065 (954)753-2222 H040001104803

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# ARTICLE THREE CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

#### ARTICLE FOUR

# INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

Marci Schulkin

4965 N. Hemingway Circle

Margate, FL 33063

### ARTICLE FIVE

# INCORPORATOR

The name and address of the Incorporator is:

Marci Schulkin
4965 N. Hemingway Circle
Margate, Fl 33063

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The undersigned has executed these Articles of Incorporation. This 21st day of May.

signature. Malu Sinulun

Date:

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- 1. The name of the corporation is:
  Marci Schulkin, Inc.
- 2. The name and address of the registered agent

Marci Schulkin

4965 N. Hemingway Circle

Margate, 9/1 33063

Signature:

Date: 5-22-0-4

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Signature:

Dates

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