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SECRETARY OF STATE

A PROVED

TRANSMITTAL LETTER '

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

SUBJECT: LANZA	RO & HALPERIN C.P.A.'S P.A. (PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: SC	OTT HALPERIN CPA	e (Printed or typed)	
	6740 N.W 74TH. COURT	Address	<u>.,</u> .
	PARKLAND, FLORIDA 33067 City	, State & Zip	
	954-323-8813		

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

Daytime Telephone number



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

04 NOV 23 PH 4: 12

SECRETARY OF STATE TALL AHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LANZARO & HALPERIN C.P.A.'S P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 855 S. FEDERAL HIGHWAY SUITE 107 BOCA RATON, FL. 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PERFORM PROFESSIONAL ACCOUNTING, AUDITING AND TAX RETURN SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SCOTT HALPERIN, 6740 N.W. 74TH. CT. PARKLAND, FL. 33067, PRESIDENT

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: SCOTT HALPERIN, 6740 N.W. 74TH. CT. PARKLAND, FL. 33067

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

SCOTT HALPERIN, 6740 N.W. 74TH, CT. PARKLAND, FL, 33067

Signature/Incorporator

Date