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TRANSMITTAL LETTER

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

SUBJECT: Law Of	fices of Oscar Syger P.A.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	l a check for:
•			
\$70.00	\$78.75	□ \$78.75	2 \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
			•
FROM: Os	car Syger		
110141	Name	(Printed or typed)	
	19 West Flagler Street #810		
		Address	
	Minusi Elevido 22420		
	Miami , Florida 33130	State & Zip	
	City	owe or sup	
	(005) too 0000		
	(305) 539-9200 Daytime 1	elephone number	

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Law Offices of Oscar Syger P.A.

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SECRETARY OF STATE TALL AHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 19 West Flagler Street #810 Miami, Florida 33130

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Provide legal services.

ARTICLE IV

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Oscar Syger, 19 West Flagler Street, #810 Miami, Florida 33130 P,S,T,D

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Oscar Syger, 19 West Flagler Street #810, Miami, Florida 33130

ARTICLE VII INCORPORATOR

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

Oscar Syger, 19 West Flagler Street #810 Miami ,Fl. 33130

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

Signature/Registered/