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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUL 21 PM 3:12

B. McKnight JUL 21 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** JONAH M. WOLFSON, P.A.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** JONAH M. WOLFSON  
Name (Printed or typed)

3399 S. W. 3RD Ave  
Address

MIAMI, FL 33145  
City, State & Zip

(305) 285-1115  
Daytime Telephone 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:

JONAH M. WOLFSON, P. A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3399 S. W. 3RD Ave  
MIAMI, FL 33145

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LEGAL SERVICES

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JONAH M. WOLFSON, PRESIDENT  
3399 S. W. 3RD Ave  
MIAMI, FL 33145

### ARTICLE VI REGISTERED AGENT

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

JONAH M. WOLFSON  
3399 S. W. 3RD Ave  
MIAMI, FL 33145

### ARTICLE VII INCORPORATOR

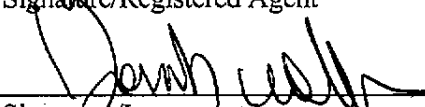
The name and address of the Incorporator is:

JONAH M. WOLFSON  
3399 S. W. 3RD Ave  
MIAMI, FL 33145

\*\*\*\*\*

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 Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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