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(Requestor	's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	t Number)
Certified CopiesC	Certificates of Status
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TALLAHASSEE FLORIDA

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

SUBJECT: Deborah Reichenbaum & Associates Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

cles of incorporation and	l a check for:
S78.75 Filing Fee & Certified Copy ADDITIONAL CO	
(Printed or typed)	
Address	
State & Zip	XX
elephone number	
	S78.75 Filing Fee & Certified Copy ADDITIONAL CO (Printed or typed) Address State & Zip

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:

Deborah Reichenbaum & Associates Inc.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

225 SW 159 Avenue, Sunrise, Florida 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional and consulting services - Financial

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):

Deborah Reichenbaum Dir/President 225 SW 159 Avenue

Sunrise, Florida 33326

ARTICLE VI REGISTERED AGENT

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

Deborah Reichenbaum 225 SW 159 Avenue

Sunrise, Florida 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Deborah Reichenbaum 225 SW 159 Avenue Sunrise, Florida 33326

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

Date

Observation

Signature/Incorporator

Date