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COVER LETTER

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

SUBJECT: Michael Bhotiwihok, P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: Michael Bhotiwihok		
	(Printed or typed)	
1065 NE 125th Street, Suite 211		
North Miami, Florida 331		
786-247-9733	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:

Michael Bhotiwihok, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1065 NE 125th Street Suite 211

North Miami, Florida 33161

ARTIÇLE III **PURPOSE**

The purpose for which the corporation is organized is:

Legal Practice for attorney in Florida

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):

Michael Bhotiwihok- President

REGISTERED AGENT

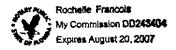
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Rochelle Francois 1065 NE 125th Street Suite 211 North Miami, Florida 33161

ARTICLE VII INCORPORATOR

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

Michael Bhotiwihok 1065 NE 125th Street Suite 211 North Miami, Florida 33161



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/Incorporator