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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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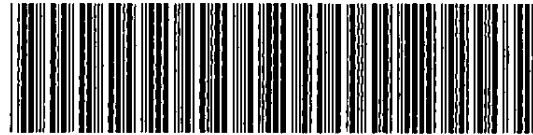
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C89-8

COVER LETTER

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

SUBJECT: TARA Solomon Enterprises, INC.
(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: Tara A. Solomon, M.D.
Name (Printed or typed)

5901 Colonial Drive Suite 303
Address

Margate, FL 33063
City, State & Zip

561-703-9819
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Tara Solomon Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5901 Colonial Drive Suite 303
Margate, Florida, 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Book sales
Public speaking

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tara A. Solomon, MD Chief Executive Officer
Sandi L. Solomon Chief Operating Officer
2429 St. Albert Terrace, Brookville, MD 20933

ARTICLE VI REGISTERED AGENT

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

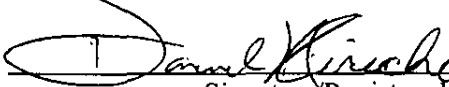
David Hirsch, CPA
175 West Camino Real
Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tara A. Solomon, MD.
5901 Colonial Drive #303
Margate, FL 33063.

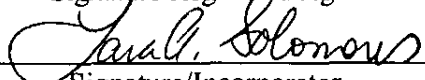
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/26/08

Date



Signature/Incorporator

8/26/08

Date