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COVER LETTER

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

subject: M	ediation Browar	d, Inc.	44	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	
Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
	•	•		
FROM:	Jay Spechle	Printed or typed)		
	1026 N. Northlake Drive			
	Holly wood	FL. 330 State & Zip	019	
,	954 922 Daytime T	2 4031 Gelephone number		
	* · · · · · · · · · · · · · · · · · · ·	Control of Asses	San	

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:

ARTICLE II PRINCIPAL OFFICE

Mediation Broward , Inc.

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

1026 N. Northlake Drive Hollywood, Fl. 33019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mediation & Arbitration

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):

Jay Spechler, President & Director

ARTICLE VI REGISTERED AGENT

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

Jay Spechler
1026 N. Northlake Drive
Hollywood, FL. 33019
RTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jay Spechler 1026 N. Northlake Drive Hollywood, FC. 33019

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