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**FLORIDA PROFIT/NON PROFIT CORPORATION
LAW OFFICES OF BRAM J. GECHTMAN P.A.**

Certificate of Status	0
Certified Copy	1
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T. Burch FEB 19 2010

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ARTICLES OF INCORPORATION
OFSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

LAW OFFICES OF BRAM J. GECHTMAN P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9349 CARLYLE AVE, SURFSIDE, FL, 33154

ARTICLE III PURPOSE

The purpose of this corporation shall be:

LAW FIRM

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

BRAM J. GECHTMAN
9349 CARLYLE AVE
SURFSIDE FL 33154

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ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

BRAM J. GECHTMAN, PRES
9349 Carlyle Ave
Surfside, FL 33154

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

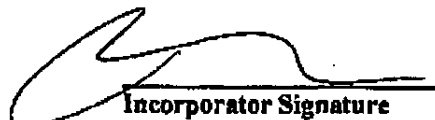
BRAM J. GECHTMAN, PRES
9349 CARLYLE AVE
SURFSIDE, FL 33154

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

BRAM J. GECHTMAN
9349 CARLYLE AVE
SURFSIDE, FL 33154

The undersigned has (have) executed these Articles of Incorporation this 18 day of
FEBRUARY 2010.


Incorporator Signature

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



REGISTERED AGENT SIGNATURE

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TALLAHASSEE, FLORIDA

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