

P110000032452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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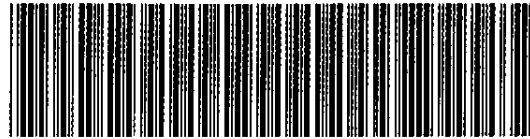
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Specialized Mediation, 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**

RECEIVED  
MAR 30 2011  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FROM: Steven L. Schwarzberg

Name (Printed or typed)

c/o Schwarzberg & Associates

Address

West Palm Beach, Florida 33401

City, State & Zip

561-659-3300

Daytime Telephone number

steve@schwarzberglaw.com ✓

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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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: Specialized Mediation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
222 Lakeview Avenue; Suite 200  
West Palm Beach, Florida 33401

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
conducting Alternative Dispute Resolution services.

**ARTICLE IV SHARES**

The number of shares of stock is: one thousand (1,000)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Aaron Schwarzberg, Vice President/Director  
Address: 2909 Embassy Drive  
West Palm Beach, Florida 33401

Name and Title: Steven L. Schwarzberg, President/Director  
Address: c/o Schwarzberg & Associates  
222 Lakeview Avenue; Suite 210  
West Palm Beach, Florida 33401

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Steven L. Schwarzberg  
Address: c/o Schwarzberg and Associates, 222 Lakeview Ave., Suite 210  
West Palm Beach, Florida 33401

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Steven L. Schwarzberg  
Address: c/o Schwarzberg and Associates, 222 Lakeview Ave., Suite 200  
West Palm Beach, Florida 33401

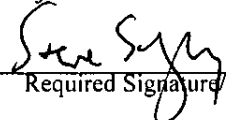
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TALLAHASSEE, FLORIDA

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

  
Required Signature/Registered Agent

March 27, 2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

March 27, 2011  
Date