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ECRETARY OF STATE

PR 19 AMII:

COVER LETTER

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

SUBJECT: Stephen (PROPOSED CORPORAT	A. OS+C	UDE SUFFIX)	A.	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:	_	
□ \$70.00 □ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Stephen Ostrow				
633 S. Federal Hig	(Printed or typed) hway		13 APR 19 SECHERARY FALLAHASSE	
Ft. Lauderdale, FL	ddress 33301 State & Zip		R 19 AN II: 21	
305-803-0265	,		H:21	
Daytime Te	lephone number	-		

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

stphnostrow@yahoo.com

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRI 633 S. Federa	INCIPAL OFFICE Principal street address I Highway	Mailing	address, if different is:	
Ft. Lauderdal				-
ARTICLE III PUR The purpose for which	the corporation is organized is: The pra	octice of law		<u>.</u>
The number of shares of ARTICLE V INI	stock is: TIAL OFFICERS AND/OR DIRECTOR		13 APR I SECHEWI WILLIAMAN	***
The number of shares of ARTICLE V INI	stock is:		13 APR 19 AP 11: 24 Shufferhill OF STATE TAIT AHASSFE HLORIDA	
The number of shares of ARTICLE V INT Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Stephen A.Ostrow, President 633 S. Federal Highway	Name and Title: Address: Name and Title:	I S AN III: 24	-

• Address	Addre	
Ų.		
ARTICLE VI	REGISTERED AGENT	
The <u>name and Fl</u>	lorida street address (P.O. Box NOT acceptable) of the reg	istered agent is:
Name:	Stephen A Ostrow	
Address:	633 S. Federal Highway	
	Ft. Lauderdale, FL 33301	
ARTICLE VII	INCORPORATOR	13. 13.
The <u>name and ad</u>	dress of the Incorporator is:	APR ARE
Name:	Stephen Ostrow	
Address:	633 S. Federal Highway	
	Ft. Lauderdale, FL 33301	AN II: 24 E FLORIDA
	ned as registered agent to accept service of process for the Am familiar with and accept the appointment as registered	
X	the Sh	4/15/13
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are true. I department of State constitutes a third degree felony as pro	
双	If Com	4/15/13
	Required Signature/Incorporator	Date

Name and Title:_____

Name and Title:____