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COVER LETTER

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

SUBJECT: Felo	lman Legal PA		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM: M	itchell L. Feldma	(Printed or typed)	
50	1 North Reo Str	eet	
	A	Address	
Ta	mpa, FL 33609		
	••	State & Zip	
(8	13) 639-9366		
	•	elephone number	
drl	awmitch@msn.c	om	

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)

	in compliance with chapter out and	or chapter carries (w
ARTICLE I NAI	ME fion shall be: Feldman Legal	PA	<u>-</u>	E COR	ALIG SUR
ARTICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mail	ing address, if differ	rent #	15 PM
501 North R	leo Street			75	
Tampa, FL	33609			ORIGA	2
• •	POSE To engage in every the corporation is organized is: ander, provided such legal services shall be rendered only through	phase and aspect of the business officers, employees and agents w			
purchase or otherwise acquire, and	to own, mortgage, pledgo, s48, essign, transfer, otherwise dispose	of, and to invest in, deal in and w	lth, real and personal proper	ly necessary for	the
rendering of legal services. To contr	act debts and borrow money, issue and sell or pladge bonds, debt	infures, notes, and other evidence	of indebtedness, and execu	te such mortges)es,
transfers of corporate property, or of	ther Instrumenta to secure the payment of corporate Indebtedness	es required. To consolidate or me	rge or purchase the assets o	f snother domes	ide
professional corporation rendering the	ie same professional services. The foregoing paregraphs shall be	construed as anumerating both of	yects and purposes of this er	ntity; and it is he	reby
expressly provided that the foregoing	g enumeration of specific purposes shall not be held to limit and re	strict in any manner the purposes	that this entity is otherwise p	ermitted by law.	
	Mitchell L. Feldman (P) 501 North Reo Street Tampa, FL 33609	S Name and Title: Address:			
Name and Title:					
Name and Title:					

Name an	d Title:	Name and Title:	
Address		Address:	<u>.</u>
ARTICLE VI The name and Fi Name: Address:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of Mitchell L. Feldman 501 North Reo Street Tampa, FL 33609 INCORPORATOR		13 AUG 15 PM 1:
The name and ad	dress of the Incorporator is:) ORIC	— — — — — — — — — — — — — — — — — — —
Name:	Mitchell L. Feldman	3	
Address:	501 North Reo Street		
- 1	Tampa, FL 33609		
Having been nam this certificate, I a	ed as registered eigent to accept service of process in familiar will and accept the appointment as reg Regulard Signature/Registored Agent	for the above stated corporation at the place designatistered agent and agree to act in this capicity Date	ted in
I submit this docu document to the D		rue. I am aware that the false information submitted as provided for in s.817.155, F.S. Date	! In a