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# Florida Department of State
## Division of Corporations
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Division of Corporations
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Account Name : CORP USA
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**
**SZYMALA ASSOCIATES, P.A.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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| Estimated Charge | $78.75 |

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(3)

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: SZYMALA ASSOCIATES, P.A.

**ARTICLE II PRINCIPAL OFFICE**

| Principal street address | Mailing address, if different is: |
|---|---|
| JASON E. SZYMALA | C/O TAX HELP INC |
| 1124 BELLA VISTA CIRCLE | 1730 S. FEDERAL HWY STE 200 |
| LONGWOOD, FL 32779 | DELRAY BEACH, FL 33483 |

**ARTICLE III PURPOSE**
The purpose for which the corporation is organized is: HEALTH CARE / FOR PATIENT CARE

**ARTICLE IV SHARES**
The number of shares of stock is: 100 NO PAR

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

| | |
|---|---|
| Name and Title: JASON E. SZYMALA, PRES | Name and Title: |
| Address: 1124 BELLA VISTA CIRCLE | Address: |
| LONGWOOD, FL 32779 | |
| Name and Title: | Name and Title: |
| Address: | Address: |
| Name and Title: | Name and Title: |
| Address: | Address: |

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

*ARTICLE VI REGISTERED AGENT*

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

Name: W. J. TREMBLAY

Address: 1200 S. FEDERAL HWY. STE 200

DELRAY BEACH, FL. 33483

*ARTICLE VII INCORPORATOR*

The name and address of the Incorporator is:

Name: JASON E. SZYMALA

Address: 1124 DELLA VISTA CIRCLE

LONGWOOD, FL. 32779

*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.*

✓ W. J. Tremblay
Required Signature/Registered Agent

09/30/2014
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.*

✓ Jason E. Szymala
Required Signature/Incorporator

09/30/2014
Date

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