

CORPORATION INFORMATION
SERVICES, INC.
1201 BAYS STREET
TAJAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086



MAIL TO:
P.O. BOX 5020
TAJAHASSEE, FL 32304

ACCOUNT NO. : 07210000000.32

REFERENCE : 562269 10181A

AUTHORIZATION :

Patricia P. Pitt

COST LIMIT : 70.00

ORDER DATE : March 17, 1995

ORDER TIME : 1:11 PM

ORDER NO. : 562269

CUSTOMER NO: 10181A

SEARCHED INDEXED

CUSTOMER: Jerry Schreiber, Esq
JERRY B. SCHREIBER, ESQ

Suite 207
19 West Flagler Street
Miami, FL 33100

DOMESTIC FILING

P95000022096

NAME: SALLY R. GOLDBERG &
ASSOCIATES, INC.

FILED
MAY 17 1995

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

FILED
MAY 17 1995
80

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS: PWS

3-20 95
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ARTICLES OF INCORPORATION

OF
SALLY R. GOLDBERG & ASSOCIATES, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

SALLY R. GOLDBERG & ASSOCIATES, INC.

The address of the principal office of this corporation shall be 19 West Flagler Street, Suite 207, Miami, Florida 33130, C/O Jerry Schreiber, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 par value per share.

05 MAR 1 1984
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FLORIDA
CORPORATION
COMMISSION

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist porpotually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Sally R. Goldberg C/O 19 West Flagler Street, Suite 207
Dir./Pres. Miami, Florida 33130

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on March 17, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: Gail Shelby
Its Agent,

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: Gail Shelby
Its Agent,

LRD/gls

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Brandon B. Montham
Secretary of State
Division of Corporations

DOCUMENT # P95000022096 (8)

1 Corporation Name

Sally B. Goldberg & Associates, Inc.

Principal Place of Business

6819 S.W. 81 Street, Suite E 6819 S.W. 81 Street, Suite E
Miami, FL 33143 Miami, FL 33143

Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Address, If Applicable

DO NOT WRITE IN THIS SPACE

Bldg, Apt #, etc

Suite, Apt #, etc

4 Date Incorporated or Qualified
To Do Business in Florida

9/17/93

City & State

City & State

5 FEI Number

65-0583722

Applied For
Not Applicable

Zip

Country

Zip

Country

6 CERTIFICATE OF STATUS DESIRED []

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|--|---|
| DP | Sally Goldberg | 6819 S.W. 81 Street Suite E Miami, FL 33143 | |
| | | | 50000019305815--6 -11/07/96-01021-002 未 来 来 来 来 日, 75 未 来 来 来 来 日, 75 |
| | | | 50000019305815--6 -11/07/96-01021-003 ***150.00 未 来 来 来 来 150.00 |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt #, Etc.

City

State
FL Zip Code

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-11/07/96-01021-003
***150.00 未 来 来 来 来 150.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Sally Goldberg

REGISTERED AGENT MUST SIGN

Date *October 19, 1996*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Sally Goldberg, Sally Goldberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 19, 1996 (605)663-4746

Date

Daytime Phone #