TRANSMITTAL STTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: TAX	DOCTOR	FINANCIAL ADV	ISONS INC.		
(,	Proposed corpora	te name - must include suf	fix)		
England in an artist of			40000198; -10/22/96- ****131.2	-U1042004 5 ****131_25	
Enclosed is an original for:	and one (1) co	py of the articles of ir	acorporation and a c	heck	
∰ \$70.00 Filing Fae	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Cartified Copy	\$131.25 Filing Fee		
FROM:	PETER	I ARAN GELO e (printed or typed)	ETARY OF STATE NHASSEE FLORID		
		BENT TREE	Drive ARIBA) in the second of the second	
	- Palm	Bench Garde	Ws, FL 33418		
	(561)	802-3840			
Daytime Telephone number					
NOTE: Please p	TO H	riginal and one c	opy of the article	8 s.	

=

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

	ARTICLE I NAME	SECR TALLA	30 ge	مراجده
The name	of the corporation shall be:	X.E.	7	ر بلا درجود دوم د
TAX	DOCTOR FINANCIAL ADVISORS	RY OF S	21 P.J.	
	ARTICLE II PRINCIPAL OFFICE		2: 20	Variety B

The principal place o. business and mailing address of this corporation shall be:

415 5th Street West Palm Beach, FL 33401

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5,000,000 shares at \$1.00 pershare

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PETER TARANGELO
117 BENT TREE Drive
Palm Beach Gardens, FL 33418

ARTICLE V INCORPORATORIS)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PETER TARANGELO

117 BENT TREE DRIVE

Palm Bench Gardens, FC 33418

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17 H day of OCTOBER 19 96.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	Doctor	Financial	Advisons,	IIc.
					

2. The name and address of the registered agent and office is:

PETER	/ ARANGELO	
	Name) BONF TREE	SECRET SECRET
Palm	(P.O. Box not acceptable) Bench Gardass	FZ FS TT
	(City/State/Zip)	2: 20 STATE LORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 10/17/96
(Signature) 10/17/96

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314