TRANSMITTAL LETTER 97000074091

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

SUBJECT: <u>FLIOPOULOS & ASSOCIATES</u>, /NC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate

\$122.50

Filing Fee & Certified Copy **□** \$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: <u>GARY P. ELIOPOULOS</u>
Name (Printed or typed)

314 NW 7th ST.
Address

DELRAY BEACH, FL. 33444 City, State & Zip

561-276-601/
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ELIOPOULOS & ASSOCIATES, INIC.

ARTICLE II PRINCIPAL OFFICE

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

/ SE 4TH AVE SUITE 202 DELRAY BEACH, FL. 33 483

ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

GARY P. ELIOPOULOS
314 N.W. 7TH ST. DELRAY BEACH, FL. 33444

ARTICLE V INCORPORATOR

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

GARY P. ELIOPOULOS 314 N.W. 7TH STREET

<u>8/24/97</u>

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to goçept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all satures 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 Registered Agent

Signature Inco