P98000059935

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

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SUBJECT:	MANDS CRIBE ACCOUNT	ing and learn	ung Supper In
Enclosed is an ori	iginal and one(1) copy of the article	s of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	• •
		ADDITIONAL CO	PY REQUIRED
FRO	M: Robert S. Name (Pr	rinted or typed)	
	8798 Sonon	Address & C	OCE J BRII
	BOLD RATON City,	State & Zip	33 43 4 TALLARE
	561	482 5765	TARY ASSI

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME
The name of the corporation shall be: MANIAGERIAL ACCOUNTING AND PLANNING PURPORT INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 8798 Social Ration, Feedland, 33434 BOULEVARD BOULEVARD BOULEVARD FOR PRINCIPAL OFFICE THE SERVICE OF THE SERVICE
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
The name and Florida street address of the initial registered agent are: ROBERT S. PARON ROBERT ROUGERS (798 PARON ROBERT ROUGERS) ROBERT S. PARON ROBERT ROUGERS RATICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:
ROBERT S. CHIEN F) 98 SONOMA LAMES LOUISUMED BOOK FATON FROM 33434 July 9 1998 Signature/Incorporator Date
(An additional article must be added if an effective date is requested.)

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/Registered Agent

J. / 7) d '