

TRANSMITTAL LETTER

998000072373

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

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-08/17/98--01117--017
****131.25 ****131.25

SUBJECT: Horowitz Financial Group Inc.
(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: Michael Horowitz
Name (Printed or typed)

22292 Calibre Ct #1606
Address

Boca Raton FL 33433
City, State & Zip

561-488-4596
Daytime Telephone number

FILED
98 AUG 17 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TA - 8/19/98

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:

Horowitz Financial Group Inc.

ARTICLE II PRINCIPAL OFFICE

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

2363 Timbercreek Cir Boca Raton FL 33431

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael Horowitz 22292 Calibre Ct #1606

ARTICLE V INCORPORATOR

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

Michael Horowitz 22292 Calibre Ct #1606
Boca Raton FL 33431



Signature/Incorporator

8-14-98

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

8-14-98

Date

FILED
98 AUG 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA