Department of State

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

SUBJECT:	Law Offices of Julie Anne Chimerine, P.A.		
	(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

\$131.25

Filing Fee & Certified Copy Filing Fee,

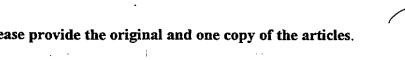
Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Julie Anne Chimerine	
	Name (Printed or typed)	
	6901 69th Way	
_	Address	
	West Palm Beach, Florida 33407	98
_	City, State & Zip	SEP CAHA
	(561) 478-7001	\$\frac{1}{2} \frac{1}{2} \frac{1}{2}
-	Daytime Telephone number	MA AH IO

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:

Law Offices of Julie Anne Chimerine, P.A.

ARTICLE II PRINCIPAL OFFICE

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

631 U.S. Highway One, Suite 306 North Palm Beach, FL 33408

ARTICLE III SHARES

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

One Hundred (100)

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

Julie Anne Chimerine 6901 69th Way West Palm Beach, FL 33407

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Julie Anne Chimerine, 6901 69th Way, West Palm Beach, FL 33407

ARTICLE Vİ PURPOSE

The Practice of Law

Signature/Incorporator

noer 13 1990

So SE LA MILIONS

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

Date