TRANSMITTAL LETTER

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

300002679693-

-11/04/98--01004--010

Subject: Doreen Inkeles, P.A.

Enclosed is an original and one copy of the articles of incorporation and a check for \$78.50 for the filing fee and a certificate of incorporation or other appropriate documentation for the abovereferenced professional association. For the sake of convenience, please this information to me at the address listed below.

Doreen Inkeles

DOREEN INKELES 12733 NW 16th Court Coral Springs, FL 33071 (954) 753-6216

ARTICLES OF INCORPORATION DOREEN INKELES, P.A.

ON THE PROPERTY OF THE PARTY OF

ARTICLE I (Name)

The name of the professional association shall be: Doreen Inkeles, P.A.

ARTICLE II (Principal place of business and mailing address)

The principal place of business and the mailing address of the professional association shall be:

3111 N. University Drive Suite 725 Coral Springs, FL 33065

ARTICLE III (Purpose)

The purpose of this professional association is to operate a law office. It shall provide general practice legal services including but not limited to counseling, research, and litigation primarily in the areas of family law, commercial and contract litigation, and landlord and tenant, although the practice shall not be limited exclusively to these areas.

ARTICLE IV (Outstanding shares)

The number of outstanding shares of the professional association shall be: 50. The shares shall be issued to no other individual than Doreen Inkeles, Esq.

ARTICLE V (Registered Agent and Street Address)

The name and street address of the initial registered agent is:

Doreen Inkeles 3111 N. Unversity Suite 725 Coral Springs, FL 33065

ARTICLE VI (Incorporators)

The name and street address of the incorporator for these articles of incorporation is:

Doreen Inkeles 3111 N. University Drive Suite 725 Coral Springs, FL 33065

The undersigned incorporator has executed these Articles of Incorporation this day of Lovenbell 1998.

Doreen Inkeles

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.050 and 621, 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 professional association is:

 Doreen Inkeles, P.A.
- 2. The name and address of the registered agent and office is:

 Doreen Inkeles
 3111 N. University Drive
 Suite 725
 Coral Springs, FL 33065

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 complete and proper performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Doreen Inkeles

Date ___