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

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|-------------------------|--|---|--|
| Enclosed is an original | PHILIP _ MEAG (Proposed corpor | ate name - must include suf | PR 12 PM 12: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: | Name (Printed or typed) 200 Galen Drive, #205 | | |
| | Address Key Biscayne, FL 33149 City, State & Zip | | · - |
| | (305) 361–1720 Daytime Telephone number | | |

SHARON

APR 1 4 1999

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:

PHILIP MEAGHER P.A.

ARTICLE II PRINCIPAL OFFICE

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

200 Galen Drive #205 Key Biscayne, FL 33149

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Philip Meagher 200 Galen Drive #205 Key Biscayne, FL 33149

ARTICLE V INCORPORATOR

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

Philip Meagher 200 Galen Drive #205 Key Biscayne, FL 33149

ARTICLE VI Purpose

To conduct real estate business.

Signature/Incorporator

// / Da

(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