TRANSMITTAL LETTER

Department of State

P. O. Box 6327 Tallahassee, FL 323	99	00007	143	14
SUBJECT: S.J. CI	ine & Associate	s / // c , name - must include su		
Enclosed is an origina			1000C -08 **	029609814 /16/9901108018 ***78.75 *****78.75
for :	\$78.75 Filing Fee & Cartificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	SECRETALIAHAN
FROM:	Name	COUNTING ASSOC. ER (printed or typed) BLVD., STE. #207		ILED 16 AM 8: 52 ARY OF STATE SSEE, FLORIDA
	DELDAY DEAC	Address		

AUG 2 0 1999

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

City, State & Zip

Daytime Telephone number

561-266-0770

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> **ARTICLE I** NAME

The name of the corporation shall be:

S. J. Cline & Associates INC.

ARTICLE II PRINCIPAL OFFICE

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

1641 Tigertail Avenue Coconut Grove, FL 33133

> ARTICLE III SHARES

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

One Thousand Shares of No Par Value Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> DUNCAN FRASER CPA C/O ACCURATE ACCOUNTING ASSOC. 660 LINTON BLVD., STE. 207 DELRAY BEACH, FL 33444

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DUNCAN FRASER CPA C/O ACCURATE ACCOUNTING ASSOC. 660 LINTON BLVD., STE. #207 DELRAY BEACH, FL 33444

The unde	rsigned incorporator(s) ha	s(have) executed these Artic	les of Incorporation this
12th	day of August	, 19 <u>99</u>	_· ·
	h la man	\mathcal{L}	
		Signature	<u> </u>
		Signature	
	-	Signature	

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

2. The name and address of the registered agent and office is:	 -
<u>≥∞</u> 99	
DUNCAN FRASER CPA (NAME) C/O ACCURATE ACCOUNTING ASSOC. 660 LINTON BLVD., STE. #207 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
DELRAY BEACH, FL 33444 (CITY/STATE/ZIP)	

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)

August 12, 1999
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314