TRANSMITTAL LETTER

P. O. Box 6327

Department of State Division of Corporations 300003002703--8 -10/01/99--01057--001 *****87.50 *****87.50 Tallahassee, FL 32314 Jane-Robin We Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee. & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

> F. CHIESOSA OCT 5 1999

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

S. T. L.

ARTICLES OF INCORPORATION

ARTICLE I NAME:

Jane-Robin Wender, P.A.

ARTICLE II PRINCIPAL OFFICE:

8090 Twin Lakes Drive, Boca Raton,

Florida 33496

ARTICLE III SHARES:

Jane-Robin Wender is 100% owner of the 100 5

shares and/or stock that this Professional

Association possess.

ARTICLE IV

INITIAL REGISTERED AGENT

AND STREET ADDRESS:

The name and Florida address of the initial

registered agent are: Jane-Robin Marfino

8090 Twin Lakes Drive

Boca Raton, Florida

33496

ARTICLE V:

The name and address of the incorporator to

these Articles of Incorporation are:

Jane-Robin Wender 8090 Twin Lakes Drive Boca Raton, Florida 33496

ARTICLE VI:

The specific purpose for this Professional

Association is to start a law firm specializing in

workers' compensation injuries.

JANE-ROBIN WENDER

De-M'un

INCORPORATOR

DATE

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 obligation of my position as registered agent.

JANE-ROBIN WENDER
REGISTERED AGENT

9/29/99 DATE