P 99000/07577

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

000003066820--6 -12/10/99--01064--005 *****87.50 *****87.50

SUBJECT:	National Association	of Estate Accour	ntants, Inc.		
	(Proposed corpor	rate name - must include su s of incorporation and a	SECTE MASSEE, FI	99 DEC 10 AM 8: 14	田田
\$70.00 Filing Fee	\$78.75	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	AE.	
FROM	M: Jay Serbin	rinted or typed)			
	P.O. Box 771686	Address			
	Coral Springs, F	L 33077 State & Zip			. ب
	954- 344-0906	Celephone number			•

F. CHARGEST DEC 1 4 1999

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:

National Association of Estate Accountants, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Principal place of business:

Mailing address:

11231 N.W. 5th Street Coral Springs, FL 33071 P.O. Box 771686

Coral Springs, FL 33077

ARTICLE III SHARES

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

Five Thousand (5,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jay Serbin 11231 N.W. 5th Street Coral Springs, FL 33071

ARTICLE V INCORPORATOR

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

Jay Serbin 11231 N.W. 5th Street Coral Springs, FL 33071

Jay Serbin, 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 statures 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.

Signaturo Registered Agent

/2/7/9

Date

DEC 10 AM 8: