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Division of Corporations 000111436

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400

: (516)935-3940 Phone

; (516)935-3088 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

Gail LeBlanc, Tax Consultant, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Gail LeBlanc, Tax Consultant, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Gail LeBlanc, Tax Consultant, Inc.

17447 NW 66 COURT MIAMI, FL 33015

ARTICLE III SHARES

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

1500 SHARES at NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GAIL LEBLANC 17447 NW 66 COURT MIAMI, FL 33015

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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HUBCO INCORPORATIONS

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ARTICLE V INCORPORATOR(S)

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

GAIL LEBLANC 17447 NW 66 COURT MIAMI, FL 33015

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29 _{day of} 12 ₁₉ 99

GAIL LEBLANC

Signature

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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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is	s: Gail LeBlanc, Tax Consultant, Inc.	
2. The name and address of the regi	stered agent and office is:	
	GAIL LEBLANC	
	Name	
	17447 NW 66 COURT	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	MIAMI, FL 33015	 .
	(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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

GAIL LEBLANC /
Signature

12/29/99 TE FLORID.

Date

12/29/99

Date