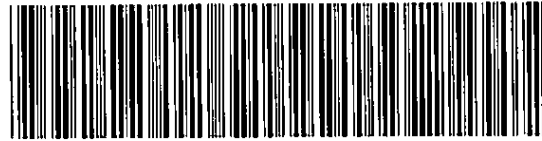


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DIVISION OF CORPORATIONS

COVER LETTER

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

Michael Balter, CPA, P.A.

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: _____
Steven R. Berger
Name (Printed or typed)

c/o Vedder Price, P.C., 1633 Broadway, 31st Floor

Address

New York, NY 10019

City, State & Zip

212-407-7714

Daytime Telephone number

sberger@vedderprice.com

E-mail address: (to be used for future annual report notification)

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 899774 4348220

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : August 22, 2022

ORDER TIME : 9:22 AM

ORDER NO. : 899774-235

CUSTOMER NO: 4348220

DOMESTIC FILING

NAME: MICHAEL BALTER, CPA, P.A.

EFFECTIVE DATE:

XX _____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker - EXT.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Michael Balter, CPA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address c/o Marcum S Corp Legal, 10 Melville Park Road Mailing address, if different is:
Melville, NY 11747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Public Accountancy

ARTICLE IV SHARES

The number of shares of stock is: 1,000 common shares, \$0.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Balter, President Name and Title: _____
Address: 3466 Del Mar Avenue Address: _____
Davie, FL 33328

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP - 1 PM 3:05

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael Balter _____

Address: 3466 Del Mar Avenue _____

Davie, FL 33328 _____

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DIVISION OF CORPORATION
22 SEP - 1 PM 3: 05

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Balter _____

Address: 3466 Del Mar Avenue _____

Davie, FL 33328 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

DocuSigned by:
Michael Balter

Aug 21, 2022

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:
Michael Balter

Aug 21, 2022

Required Signature/Incorporator

Date