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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-3-10 CH

COVER LETTER

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

SUBJECT: Housefather Medicine Professional Corporation
(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: Dr. Leslie Housefather
Name (Printed or typed)

376 Hounslow Ave.
Address

Toronto, ONTARIO, CANADA M2R1H6
City, State & Zip

(416) 222-7771
Daytime Telephone number

drhousefather@hotmail.com
E-mail address: (to be used for future annual report notification)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2010

LESLIE HOUSEFATHER
376 HOUNSLOW AVE.
TORONTO ONTARIO
CANADA M2R1H6, XX XX

SUBJECT: HOUSEFATHER MEDICINE PROFESSIONAL CORPORATION
Ref. Number: W10000003845

We have received your document for HOUSEFATHER MEDICINE PROFESSIONAL CORPORATION and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Christine Haney
Senior Clerk
New Filing Section

Letter Number: 510A00002038

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TALLAHASSEE, FLORIDA

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:
HOUSEFATHER MEDICINE PROFESSIONAL CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:
376 HOUNSLOW AVENUE
TORONTO, ONTARIO, CANADA
M2R 1H6

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PURCHASE REAL ESTATE (IN FLORIDA)
IN CANADA, IT IS STRICTLY TO PROVIDE MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:
100 COMMON SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
LESLIE S. HOUSEFATHER PRESIDENT 376 HOUNSLOW AVEVUE
LESLIE S. HOUSEFATHER SECRETARY TORONTO, ONTARIO
CANADA M2R 1H6

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
MELISSA ABRAMOWITZ
5161 OAK HILL LANE UNIT 414
DELRAY BEACH, FLORIDA 33484

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
LESLIE S. HOUSEFATHER
376 HOUNSLOW AVENUE
TORONTO, ONTARIO CANADA M2R 1H6

****

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

M Abramowitz
Signature/Registered Agent

Feb 2, 2010
Date

Signature/Incorporator

Feb 2, 2010
Date