

COVER LETTER

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

SUBJECT: JP OF COOPER CITY INC

(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Joseph Ciavarella**

Name (Printed or typed)

3511 Ottawa Lane

Address

Cooper City, Florida 33026

City, State & Zip

954-309-1520

Daytime Telephone number

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

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

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

ARTICLE I NAME JP of Cooper City Inc
The name of the corporation shall be:

FILED

ARTICLE II PRINCIPAL OFFICE
Principal street address
3511 Ottawa Lane
Cooper City, Florida 33026

Mailing address, if different is: 12 OCT 29 PM 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Conduct any and all lawful Medical Health Business in the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Ciavarella President Name and Title: _____
Address: 3511 Ottawa Lane Address: _____
Cooper City, Florida 33026

Name and Title: Paul Bosse Vice President Name and Title: _____
Address: 9424 SW 51 Place Address: _____
Cooper City, Florida 33328

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: Joseph Ciavarella
Address: 3511 Ottawa Lane
Cooper City, Florida 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Randall Williamson
Address: 4650 SW 47th Terrace
Davie, Florida 33314

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

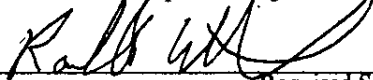


Required Signature/Registered Agent

10-24-12

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.



Required Signature/Incorporator

10/24/12

Date