TRANSMITTAL LETTER

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

SUBJECT: BARBARA A MALEK, P.A. (PROPOSED CORPORATE NAME - MUSTINCLUDE SUFFIX)	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:	
□ \$70.00 □ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 □ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Barbara A Malele, PA	
4840 47th Court Address	
Vevo Beach, FL 32967 REGISTRATION STATES STATES TO STATE A SULT Daytime Telephone number	
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NOTE: Please provide the original and one copy of the articles.

The undersigned incorporator for the purpose of forming a professional service corporation pursuant to Florida Stature Chapter 621 hereby adopts the following Article of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Barbara A. Malek, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business shall be $4840~47^{th}$ Court, Vero Beach, Fl 32967 and the mailing address shall be the same.

ARTICLE III NATURE OF BUSINESS

The corporation is formed for the sole and specific purpose of rendering professional services for pecuniary profit.

ARTICLE IV AUTHORIZED SHARES

The aggregate number of shares and their par value that this corporation is authorized to have outstanding at any one time is Five Hundred (500) shares of \$1.00 par Value.

ARTICLE V INITIAL OFFICERS

The name and address of the initial officer is:

Barbara A. Malek 4840 47th Court, Vero Beach, Fl 32967

ARTICLE VI REGISTERED AGENT

The name and address of the registered agent is:

Barbara A. Malek 4840 47th Court, Vero Beach, Fl 32967

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara A. Malek
4840 47th Court, Vero Beach, Fl 32967

Having been named as registered agent to accept service of process for the above state 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.

Signature/Registered Agent

<u> 3-27-0</u>

Date

Signature/Incorporator

FILED

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SECRETARY OF STATE
SECLAMASSEE, FLORIDA