TRANSMITTAL LETTER

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

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-04/25/00--01050--023
*****87.50 *****87.50

SUBJECT: ST AUGUSTINE SLEEP CENTER INC.
(Proposed corporate name - must include suffix)

Enclosed is 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

FILED
00 APR 25 AM 8:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FROM: AL RAMOS
Name (Printed or typed)

10553 W. BEAVER ST
Address

JACKSONVILLE FLA 32220
City, State & Zip

1-904-781-3953
Daytime Telephone number

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

S. Thompson APR 27 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED
00 APR 25 AM 8:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ST Augustine Sleep Center Inc

ARTICLE II PRINCIPAL OFFICE

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

10553 W. Beaver St.
Jacksonville Fla. 32220

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Al Ramos
10553 W. Beaver St. Jacksonville Fla. 32220

ARTICLE V INCORPORATOR

The **name and address** of the incorporator to these Articles of Incorporation are:

AL Ramos
10553 W. Beaver St. Jacksonville Fla 32220

Al Ramos
Signature/Incorporator

22-Apr-00
Date

(An additional article must be added if an effective date is requested.)

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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Al Ramos
Signature/Registered Agent

22-Apr-00
Date