TRANSMITTAL LETTER

# P01000021012

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

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□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	,	ADDITIONAL CO	
FROM:	Name (P	rinted or typed)	
	2800 EAST CO	MMERCIAL BLVD ST	E 208
			3009 <u>937,69</u>
	FT LAUDERDA City,	I.E., FI., 33308 State & Zip	*****78.75

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

(Proposed corporate name - must include suffix)

## 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.				
ARTICLE I	NAME.			
The name of the	corporation shall be:			

ASKTHE BOCTOR. MD. Inc.

FILED

Of FEB 26 PM In 36

SECRETARY OF STATE

TALLAHASSEE IN ORDA

#### ARTICLE II PRINCIPAL OFFICE

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

2800 EAST COMMERCIAL BLVD STE 208 FT. LAUDERDALE, FL. 33308

### ARTICLE III SHARES

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

100

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ALLEN H. KATZ 2800 EAST COMMERCIAL BLVD STE 208 FT. LAUDERDALE, FL. 33308

#### ARTICLE V INCORPORATOR

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

lara Solomon M.D.

22556 Caravelle Circle

Boca Laton. Fl 33433

Signature/Incorporator

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

Signature/Registered Agent

2-20-6/ Date