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TRANSMITTAL LETTER

FILED

01 MAY -9 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT:

DR. JON SEGAL, INC.

(Proposed corporate name - must include suffix)

100004192171--8

-05/09/01--01141--004

*****70.00 *****70.00

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

JON SEGAL

Name (Printed or typed)

3300 NE 192 Street Apt 1616

Address

AVENTURA FL 33180

City, State & Zip

Daytime Telephone number

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

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

DR. JON SEGAL, INC.

ARTICLE II PRINCIPAL OFFICE

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

3300 NE 192 St. Apt 1616
AVENTURA, FL 33180

ARTICLE III SHARES

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

100 shrs.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JON SEGAL - 3300 NE 192 St, Apt 1616
AVENTURA, FL 33180

ARTICLE V INCORPORATOR

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

JON SEGAL
3300 NE 192 St Apt 1616
AVENTURA FL 33180

X Jon Segal
Signature/Incorporator

5/7/01
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

X Jon Segal
Signature/Registered Agent

5/7/01
Date