

**Pol0000 66570**

TRANSMITTAL LETTER

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

Subject: . PHIEBOTOMY CARES, INC.  
(Proposed corporate name – must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$70.00<br>Filing Fee | <input checked="" type="checkbox"/> \$78.75<br>Filing Fee<br>& Certificate | <input type="checkbox"/> \$122.50<br>Filing Fee<br>& Certified Copy | <input type="checkbox"/> \$131.25<br>Filing Fee<br>Certified Copy<br>& Certificate |
|--|--|---|--|

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-07/03/01--01006--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FROM: AVA ORR

15915 NW 41 Avenue  
Address

Opa Locka, FL 33054  
City, State & Zip

305-620-7537  
Daytime Telephone number

FILED  
01 JUL -2 PM 12: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*g 7/6*

**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:

**PHIEBOTOMY CARES, INC.**

**ARTICLE II PRINCIPLE OFFICE**

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

15915 NW 41 Avenue  
Opa Locka, FL 33054

**ARTICLE III SHARES**

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

100 Shares

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

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

AVA ORR  
15915 NW 41 Ave.  
Opa Locka, FL 33054

**ARTICLE V INCORPORATORS**

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

AVA ORR  
15915 NW 41 Avenue  
Opa Locka, FL 33054



Signature/Incorporator

6/24/01.

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 statues 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

6/24/01.

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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