

PO/000085696

Requester's Name

From: WESTON MANAGEMENT, INC
16180 SADDLE LANE
WESTON, FL 33326

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 28 AM 8:21

FILED

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #) 600004561036--1
-08/29/01--01004--007
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3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

T. Burch AUG 30 2001

ARTICLES OF INCORPORATION
OF
WESTON MANAGEMENT, INC.

01 AUG 28 AM 8:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

The undersigned, **WESTON MANAGEMENT, INC.**, acknowledges and files in the office of the Secretary of State of the State of Florida for the purpose of forming a corporation for profit, in accordance with the laws of the State of Florida, this Article of Incorporation, as by law provided.

I.

The name of this corporation is: **WESTON MANAGEMENT, INC.**

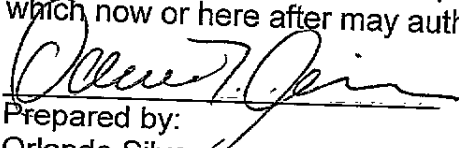
II.

The existence of this corporation shall commence on the date of subscription and acknowledgment of these articles and shall be perpetual thereafter.

III.

The general nature of the business and businesses to be transacted are as follows:

To transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida or the United States. Without in any way limiting any of the objects and powers of the corporation, to carry on its business, or for the purpose of publishing any of the objects here in above mentioned shall have the power to make and perform contracts of any kind and description to do any and all other acts and things, and to exercise any and all the other power, either as principal, agent or broker conferred by the laws of the State of Florida upon corporations formed under the laws of said state and which now or here after may authorized by the law:


Prepared by:

Orlando Silva

MYOS & ASSOCIATES, INC.

405 Lakeview Drive, # 104

Weston, Florida 33326

IV.

The principal place of business and mailing address of this corporation shall be 16180 Saddle Lane, Weston, Florida 33326.

V.

The maximum number of shares that this corporation authorized to have outstanding at any one time is 1000 shares of common stock, \$1.00 par value.

VI.

The street address of the initial registered office of this corporation is: 16180 Saddle Lane, Weston, Florida 33326, and the name of the registered agent of this corporation at that address is: Carlos Piar

VII.

The business of this corporation shall be managed by the Board of Directors of not less than one Director.

VIII.

The name and address of each Director is:

Carlos Piar, 16180 Saddle Lane, Weston, Florida 33326 – President – Number of Shares 100%

IX.

The name and street address of the Incorporator is:
Carlos Piar, 16180 Saddle Lane, Weston, Florida 33326


INCORPORATOR
Carlos Piar

DATED; August 24, 2001

CERTIFICATE OF DESIGNATION
REGISTERED AGENT & REGISTERED OFFICE

Pursuant to the provisions of section 607.0105, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: **WESTON MANAGEMENT, INC.**
2. The name and address of the registered agent and office is:

Carlos Piar, 16180 Saddle Lane, Weston, Florida 33326.



Carlos Piar
Incorporator

ACKNOWLEDGMENT:

Having been named as registered agent and to accept service of process for the above stated corporation at 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.

By: 

Carlos Piar
Registered Agent

STATE OF FLORIDA
COUNTY OF BROWARD

I CERTIFY that on this day, before me, a Notary Public duly authorized in the State and
County name above to take acknowledgments, personally appeared-----
-----Carlos Piar-----to me known to be the person
described as the incorporator in, and who executed the foregoing Articles of
Incorporation.

WITNESS my hand and official seal in the County and State aforesaid this 17th
day of August 2001.

Maria A Silva
NOTARY PUBLIC

My Commission Expires:

