# 1010000 93089

## Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000101877 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tor

Division of Corporations Fax Number

: (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839

Fax Number : (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

TOTAL FOOT CARE CLINIC, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SEY & 4 2001 F. CHESSEN

# ARTICLES OF INCORPORATION OF

The undersigned incorporator(s); for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: TOTAL FOOT CARE CLINIC, INC

The principal place of business of this corporation shall be:

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 500 shares with a \$1 par value.

ARTICLE IV TERM OF EXISTENCE
This corporation is to exist perpetually.

## ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are)

VICTOR VERJANO

600 East 25th Street Suite E Hialeah, Fl 33012

Prepared by:

# ARTICLE VI INCORPORATORIS

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

VICTOR VERJANO

600 East 25th Street Suite E Himlesh, Fl 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of incorporation this 24th day of Sept 2001,

Signature(s) of Incprporator(s)

VECTOR VERJANO

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

	name of the corporation: TOTAL FOOT CARE CLINIC, INC
. The r	name and address of the registered agent and office is:  VICTOR VERJANO 600 East 25th Street Suite E
	(P.O. BOX NOT ACCEPTABLE)
	Hialesh, Plorida 33012
<u>-</u>	(CITY/STATE/ZIP)
	SIGNATURE Victor Veryano &
3	TITLE REGISTERED AGENT
	ట్ల DATE_9/24/2001

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE. DATE 9/24/2001