

PA0000099241

FILED

TRANSMITTAL LETTER

01 OCT - 4:30 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500004632345--2

-10/12/01--01010--009

Enclosed is an original and one(1) copy of the articles of incorporation and a check for \$361.25 *****78.75

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

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

C. BLALOCK OCT 11 2001

CERTIFICATE OF INCORPORATION

-of-

LUCY'S HALLANDALE HEALTH CLINIC, INC

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

LUCY'S HALLANDALE HEALTH CLINIC, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

213 E. HALLANDALE BEACH BLVD

HALLANDALE FL. 33009

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ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The names and street addresses of the members of the first Board of Directors of this Corporation are as follows:

ALBA PEREZ

213 E. HALLANDALE BEACH BLVD
HALLANDALE FL. 33009

ARTICLE IX

The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

ALBA PEREZ

213 E. HALLANDALE BEACH BLVD
HALLANDALE, FL. 33009

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, ALBA PEREZ AND N/A, both being natural persons, competent to contract, have hereunto set their hands and seals this 24th day of JULY 192001.

Alba Perez

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT LUCY'S HALLANDALE HEALTH CLINIC, INC.
(Name of Corporation)

WITH ITS PLACE OF BUSINESS AT 213 E. HALLANDALE BEACH BLVD. - HALLANDALE, FL. 33009
(Business Address, City and State)

HAS NAMED ALBA PEREZ
(Name of Registered Agent)

LOCATED AT 213 E. HALLANDALE BEACH BLVD.
(Street Address and Number Of Building,
Post Office Box Addresses ARE NOT Acceptable)

CITY OF HALLANDALE, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE
(City)

OF PROCESS WITHIN FLORIDA.

SIGNATURE *Alba Perez*
(Corporate Officer)

TITLE PRES.

DATE 7/24/01

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 *Alba Perez*
(REGISTERED AGENT)

DATE 7/24/01

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 11 PM 4:31

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(NOTE: There is a filing fee of \$3.00 for this certificate)

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