## P02000001440

SUBJECT: METABOLIC MEDICAL SPECIALTIES NC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclo	sed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	<del></del>	
	□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Cop & Certificate Status PY REQUIRES	of	
525	FROM:	02 JAN -3 AM SECRETARY OF				
, V S		Daytime 10	elephone number	-	8: 00 STATE LORIDA	

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

101-07-02

ARTICLES (In compliance w	OF INCORPORATION of the Chapter 607 and/or	FION Chapter 621, F.S.	(Profit)		
ARTICLE I	NAME	44	and the second	···· -	
	corporation shan be.	METABOLIC	MEDICAL	SPECIALTIES,	/NC.
ARTICLE II The principal place	PRINCIPAL OFF	ddress is:	WEST Com	merciae B.	, , ,
		Font	LAUDERDALG,	FL 3330	9
The purpose for	<b>PURPOSE</b> which the corporation is		<u>.</u>		
		MEDICA	e Seprices to	RESEARCH	
ARTICLE IV The number of sh		<u>.</u>		·	
ARTICLE V The name(s), add	INITIAL OFFICER ress(es) and title(s):		(optional)	SECRETARY OF STATE TALLAHASSEE FLORID	
ARTICLE VI	REGISTERED	AGENT		\$m c	<b>&gt;</b>
The name and Flo	orida street address of	the registered age		•	
		SIDNI 1355	EY ABUSCH WEST PALME	TTO PARK ROA	<del>'</del> D
ARTICLE VII	INCORPORATOR	SUITE BOCA	RATON, FL	33486	
	iress of the Incorporato	<u> </u>			
			ABUSCH 37 PALMET? 04		
******	*******	Boc4 *******	RATON FL	. 33786 ******	مان مان مان مان علم
muning veen namea a	s registered agent to accept ar with and accept the appo	Service of process for	the change stated		***** ed in this
Hol	e Abres			1/2/2002	
Signatur	e/Registered Agent		<u> </u>	Date	

Signature/Incorporator