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Florida Department of State

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

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: : (305)634-369

Phone : (305) 634-3694 Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

florida sleep diagnostic centers, inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION



OF

FLORIDA SLEEP DIAGNOSTIC CENTERS, INC.

THE UNDERSIGNED, Mitsy Bryan, executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

NAME

The name of this corporation shall be: FLORIDA SLEEP DIAGNOSTIC CENTERS, INC.

ARTICLE II

EXISTENCE

This corporation shall commence existence upon:

The filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

NATURE OF BUSINESS

The general nature of the business to be transacted by the corporation and its objects and powers shall be as follows:

To transact any and all lawful business under the laws of the United States and of the State of Florida.

ARTICLE IV

CAPITAL STOCK

- a. The aggregate number of shares which this corporation shall have authority to issue is the total sum of 1,000,000 shares, having an individual par value of \$.01 per share.
- b. The capital stock may be paid for in property, labor, services or cash.
- c. Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

INITIAL CAPITAL

The amount of capital with which this corporation will begin business shall not be less than Five Hundred (\$500.00) Dollars.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

Registered Office: 11860 State Road 84, Suite 11B

Davie, FL 33325

Registered Agent: Mitsy Bryan

ARTICLE VII

ADDRESS

- a. The principal office of this corporation shall be at: 11860 State Road 84, Suite 11B, Davie, FL 33325.
- b. This corporation may have such other places of business in the State of Florida as the nature and progress of the business of the corporation shall, from time to time, render necessary

and/or desirable. The Board of Directors may, from time to time, move the principal office to any other address or place in Florida. Said corporation shall have the power to conduct its business outside the State of Florida, or in any and all of the several States and Territories of the United States, including the District of Columbia, and any and all foreign countries and may have one or more offices in any of said places.

ARTICLE VIII

INCORPORATOR

The name and address of the incorporator executing these Articles of Incorporation is:

NAME:

Mitsy Bryan

ADDRESS: 11860 State Road 84, Suite 11B

Davie, FL 33325

ARTICLE_IX

INDEMNIFICATION

The corporation shall indemnify any present or former officer or director, or person exercising powers and duties of a director, to the full extent of the law now or hereafter permitted.

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STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared Mitsy Bryan, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed those Articles of

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Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal in the state and county aforesaid, this ____ day of ____, 2002.

> MY COMMISSION # DD069172 EXPIRES October 31, 2005 SCHOOL THRU TROY FAIR YISURANCE, INC.

MOTARY PUBLIC, STATE OF FLORIDA

AT LARGE

My Commission Expires:

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

In pursuance of Chapter 607.34, Florida Statutes, the following is submitted, in compliance with said Act:

First, that FLORIDA SLEEP DIAGNOSTIC CENTERS, INC., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation at City of Davie, Broward County, State of Florida, has named Mitsy Bryan, located at 11860 State Road 84, Suite 11B, Davie, FL 33325, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

Mitsy Bryan, Registered Agent

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