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To:

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

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2002 AUG 15 AM 8:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

VISTA SLEEP DIAGNOSTIC CENTER INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION
OF

FILED

VISTA SLEEP & DIAGNOSTIC CENTER INC.

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:

VISTA SLEEP DIAGNOSTIC CENTER INC.
The principal place of business of this corporation shall be: *2960 SW. 139th Terr, DAVIE FLA 33330.*

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: *1000 Shares \$1⁰⁰ per share.*

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) elected: is(are):

Edward F. Safille
12701 Kapok Lane.
DAVIE FLORIDA 33330

President

Eddie Mon.
2960 SW 139th Terr
DAVIE FLORIDA 33330

Vice President

Secretary

ARTICLE VI INCORPORATOR(S)

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

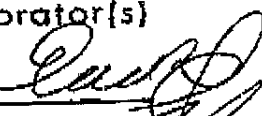
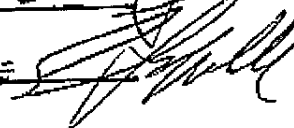
Eddie Mor. & Edward F. SAEILLE
4201 Palm Ave

Suite E

Heaven Film 33012.

IN WITNESS WHEREOF, the undersigned incorporator(s)
has (have) executed these Articles of Incorporation
this, _____ day of _____ 2001

Signature(s) of Incorporator(s)

VP *Eddie Mor* 
Pres. *EDWARD F. SAEILLE* 

**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.

1. The name of the corporation:

VISTA SLEEP DIAGNOSTIC CENTER INC.

2. The name and address of the registered agent and office is:

Eddie Murr

(P.O. BOX NOT ACCEPTABLE)

2960 SW 139th AVE FLD 33330

(CITY/STATE/ZIP)

SIGNATURE

TITLE

DATE

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