P02000125779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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1127

Tonya Mathews GAVE
AUTHORIZATION BY PHONE TO
CORRECT Articles
DATE 11/26/02
DOC. EXAM

TRANSMITTAL LETTER

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

SUBJECT: Medical Assoc. Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Tonya M. Mathews
Name (Printed or typed)

13500 SW 9th Pl
Address

Davie FL 33325
City, State & Zip

954-370-2655
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

Mathews Medical Associates Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

13500 SW 9th PL Davie FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales & Marketing

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Tonya Mathews
13500 SW 9th PL Davie FL 33325
Charles Foley 13500 S.W. 9th PL Davie FL 33325

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Tonya Mathews 13500 SW 9th PL Davie FL 33325

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Tonya Mathews
13500 S.W. 9th PL Davie FL 33325

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Tonya Mathews — 11-19-02
Signature/Registered Agent — Date

Tonya Mathews — 11-19-02
Signature/Incorporator — Date