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# TRANSMITTAL LETTER

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

SUBJECT: NINA HERSCH, P.A.

Enclosed are an original and two (2) copies of the articles of incorporation and a check for:

\$87.50 Filing Fee, Certified Copy, and Certificate of Status.

FROM: NINA HERSCH

10585 CRYSTAL COVE LANE BOCA RATON, FLORIDA 33498

954-255-3566

## **ARTICLES OF INCORPORATION**

**OF** 



# NINA HERSCH, P.A.

The undersigned incorporators, for the purpose of forming a professional association in compliance with Chapter 607 and/or Chapter 621, Florida Statutes, hereby adopt the following ARTICLES OF INCORPORATION.

#### **ARTICLE I - NAME**

The name of the professional association shall be NINA HERSCH, P.A.

#### **ARTICLE II - PRINCIPAL OFFICE**

The principal place of business/mailing address of the professional association shall be:

10585 CRYSTAL COVE LANE BOCA RATON FLORIDA 33498

#### ARTICLE III - PURPOSE

The purpose for which the professional association is organized is to provide health and wellness services to the general public.

#### ARTICLE IV - CAPITAL STOCK

The number of shares of stock that this professional association is authorized to have outstanding at any one time is ONE THOUSAND (1,000) SHARES of common stock without par value.

## ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS

The name and Florida address of the initial registered agent is:

NINA HERSCH 10585 CRYSTAL COVE LANE BOCA RATON, FLORIDA 33498

# **ARTICLE VI - INCORPORATOR**

The name and address of the incorporator to these ARTICLES OF INCORPORATION is:

NINA HERSCH 10585 CRYSTAL COVE LANE BOCA RATON, FLORIDA 33498

#### **ARTICLE VII - AMENDMENTS**

This professional association reserves the right to amend or repeal any provisions contained in the Articles of Incorporation, or any amendments thereto, and any right conferred upon the stockholders is subject to this reservation.

The	undersigned	incorporator	has	executed	these	ARTICLES	OF
INCO	RPORATION						
this _	_ <del>5</del> ^d	ay of Dece	rber	, 2	002.		

Signature & Title

Vine Hosch

Print Name

## <u>CERTIFICATE OF DESIGNATION</u> <u>REGISTERED AGENT / REGISTERED OFFICE</u>

Pursuant to the provisions of Chapter 607 and/or Chapter 621, Florida Statutes, the undersigned professional association, organized under the laws of the State of Florida, submits the following statement in designating the REGISTERED AGENT / REGISTERED OFFICE in the State of Florida.

1. The name of the Corporation is NINA HERSCH, P.A.

NINA HERSCH

2. The name and address of the Registered Agent and Office is:

10585 CRYSTAL COVE LANE
BOCA RATON, FLORIDA 33498

SIGNATURE

Corporate Officer

TITLE

DATE

10/(10)

HAVING BEEN NAMED AS REGISTERED AGENT, and to accept service of process for the above stated professional association at the place designated in this certificate, I AM FAMILIAR WITH AND HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT, and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as REGISTERED AGENT.

SIGNATURE .			
Registered Agent	SEC	02	
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