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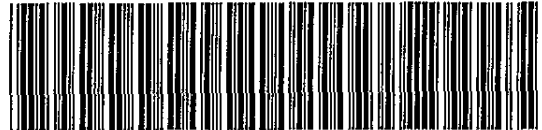
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SEN
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FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: HEALTH AND SAFETY SERVICES OF FORT MYERS, 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: SOUTHWEST PROFESSIONAL SERVICES OF SO. FL., INC.
Name (Printed or typed)

13571 MCGREGOR BLVD. #22
Address

FORT MYERS FL 33919
City, State & Zip

941-481-4444
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

HEALTH AND SAFETY SERVICES OF FORT MYERS, INC.

A Florida Profit Corporation

(Pursuant to Chapter 607 and/or 621, Florida Statutes)

The undersigned person has signed this document for the purpose of forming a corporation under the laws of Florida and adopts the following Articles of Incorporation.

1. **Name.** The name of this corporation is HEALTH AND SAFETY SERVICES OF FORT MYERS, INC..

2. **Purpose and Powers.** This corporation is organized for the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

This corporation shall have the broad general powers set forth in Chapter 607.0302, Florida Statutes, and the purpose for which this corporation is organized is:

CONSULTING

3. **Authorized Shares.** The corporation shall have the authority to issue 1000 shares of common stock.

4. **Principal Office and Mailing Address of Corporation.** The principal place of business and mailing address of the corporation shall be:

Principal Place of Business
1027 S. TOWN & RIVER DR.
FORT MYERS FL 33919

Mailing Address
1027 S. TOWN & COUNRTY DR.
FORT MYERS FL 33919

5. **Initial Officers/Directors.** The initial Board of Directors shall consist of 1 persons, who shall serve until the first annual meeting of the shareholders, and whose names and addresses are:

SARA WEBER
1027 S. TOWN & RIVER DR.
FORT MYERS FL 33919
PRESIDENT

6. **Registered Agent.**
The name and Florida street address of the Registered Agent of the Corporation is:

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC.
MITCHELL STOVING, PRESIDENT
13571 MCGREGOR BLVD. #22
FORT MYERS FL 33919

7. **Incorporator.** The name and address of the incorporator is:

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC.
MITCHELL STOVING, PRESIDENT
13571 MCGREGOR BLVD. #22
FORT MYERS FL 33919

8. **Effective Date.** These Articles are to be effective the date of filing unless otherwise specified below:

IN WITNESS WHEREOF, the following incorporator has signed these Articles of Incorporation on:

Date: _____

11/1/00

Mitchell Stoving Pres

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC.

ACCEPTANCE BY REGISTERED AGENT

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.

DATE: 11/1/02

W. H. H. Mas

SOUTHWEST PROFESSIONAL SERVICES OF SOUTHWEST FLORIDA, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA