

PO2000133009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

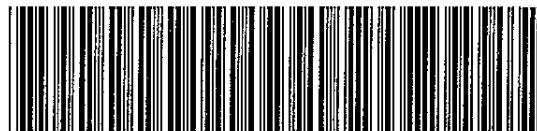
(Document Number)

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Certificates of Status \_\_\_\_\_

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02 DEC 17 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
409 - E Gaines ST  
Tallahassee, FL 32399  
Attn: CLARETHA GOLDEN  
NEW FILING DEPT.

SUBJECT: BLOT ENTERPRISE INC.

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

<u>X</u> \$70.00	<u>    </u> \$78.75	<u>    </u> \$78.75	<u>    </u> \$87.50	<u>    </u> \$35.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certified of Status	Filing Fee, Articles of Amendment

### ADDITIONAL COPY REQUIRED

FROM: ROBERT A. KIESLING  
4793 N. CONGRESS AVE. SUITE 206  
BOYNTON BEACH, FLORIDA 33426  
(561) 432-2036

\*\*\* PLEASE MAIL BACK TO: ROBERT A. KIESLING  
4793 N. CONGRESS AVE # 206  
BOYNTON BEACH, FL 33426

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)

**ARTICLE I NAME**

The name of the corporation shall be:

BLOT ENTERPRISE INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8424 S MISSIONWOOD CIR

MIRAMAR, FL 33025

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HEALTH CARE PROVIDER

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

**PRESIDENT- CARL H. BLOT**

5660 W ATLANTIC # 105

DELRAY BEACH, FL 33824

**ARTICLE VI REGISTERED AGENT**

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

Robert A. Kiesling

4793 N. Congress Ave # 206

Boynton Beach, Fl 33426

**ARTICLE VII INCORPORATOR**

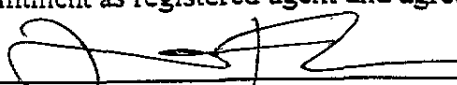
The name and address of the Incorporator is:

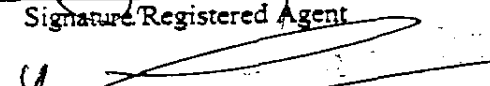
CARL H. BLOT

5660 W ATLANTIC # 105

DELRAY BEACH, FL 33824

\*\*\*\*\*  
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 the accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature Registered Agent

  
\_\_\_\_\_  
Signature Incorporator

FILED

02 DEC 17 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/13/02

\_\_\_\_\_  
Date

12/13/02

\_\_\_\_\_  
Date