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SECRETARY OF STATE
TALLAUASSEE, FLORIDA

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 • (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
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ARTICLES OF INCORPORATION

OF

FRATERNITY CLINIC, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is FRATERNITY CLINIC, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1168 N. State Road 7, Lauderhill, FL 33313.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Marie L. Metellus, 1168 N. State Road 7, Lauderhill, FL 33313.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Marie L. Metellus, 1168 N. State Road 7, Lauderhill, FL 33313.

The undersigned has executed these Articles of Incorporation this 20th day of March 2003.

"Capital Connection, Inc. by Stacey Legget, Client Representative"



CERTIFICATE OF DESIGNATION ENGISTERD AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organised 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 n	ame of the	corpor	ation is:			
FRATE	RNity	,	lini	c I	- H C.	
2. The	nama and s	treet ad	idress of	the regi	stered	•
office is	:N	ARIE	L. 1	<u>Hedeila</u>	<u>د</u> د	
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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HERBY 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 CELICATIONS OF MY POSITION AS REGISTERED AGENT.

Marie Lands Whiteleff

SECRETARY OF STATE