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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Physicians Breathing Night Guard 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: Christopher B Zacco
Name (Printed or typed)

Po Box 666
Address

Ocala FLA 34471
City, State & Zip

352 875-7667
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)

ARTICLE I NAME

The name of the corporation shall be: Physician's Breathing Night Guard, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Po BOX 666 OCALA FLA 34471

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of Breathing devices

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Christopher B ZACCO
Po BOX 666 OCALA FLA 34471

ARTICLE VI REGISTERED AGENT

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

Christopher B ZACCO
1217 SE 7 ST OCALA FLA 34471

ARTICLE VII INCORPORATOR

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

Christopher B ZACCO
PO BOX 666 OCALA FLA 34471

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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

Signature/Registered Agent — 3-18-03 — Date

Signature/Incorporator — 3-18-03 — Date