

PD3000077453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

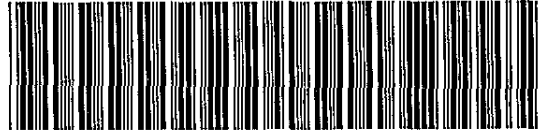
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN 14 PM 12:55

07/14/03--01078--007 \*\*78.75

FILED  
03 JUN 16 PM 2:29  
TALLAHASSEE, FLORIDA

## CAPITAL CONNECTION, INC.

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

American Alternative  
Medical

Signature \_\_\_\_\_

Requested by: SW

7/14

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

☒ Art of Inc. File \_\_\_\_\_

\_\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

☒ Annual Report / Reinstatement \_\_\_\_\_

☒ Cert. Copy \_\_\_\_\_

\_\_\_\_\_ Photo Copy \_\_\_\_\_

\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_\_ Courier \_\_\_\_\_

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**ARTICLES OF INCORPORATION**  
**OF**  
**AMERICAN ALTERNATIVE MEDICAL PRODUCTS, INC.**

FILED  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
03 JUN 14 PM 12:55

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 – CORPORATE NAME**

The name of the corporation shall be:

AMERICAN ALTERNATIVE MEDICAL PRODUCTS, INC.

**ARTICLE II – PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

AMERICAN ALTERNATIVE MEDICAL PRODUCTS, INC.  
111 SW 6<sup>th</sup> Street  
Fort Lauderdale FL 33301

**ARTICLE III – DURATION**

This corporation shall exist perpetually unless dissolved by Florida law.

**ARTICLE IV – PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE V – 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 of One Dollar (\$1.00) Par Value Common Stock

**ARTICLE VI – INITIAL REGISTERED AGENT**

The name and address of the initial Registered Agent of this Corporation is:


Patrick de Vosjoli  
1314 E. Las Olas Blvd., #1111  
Fort Lauderdale FL 33301

**ARTICLE VII – INCORPORATOR**

The name and address of the incorporator signing these Articles of Incorporation is as follows:

Patrick de Vosjoli  
1314 E. Las Olas Blvd., #1111  
Fort Lauderdale FL 33301

The undersigned has executed these Articles of Incorporation this 8<sup>th</sup> day of July, 2003.

  
Patrick de Vosjoli

**CERTIFICATION OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, the Undersigned Corporation, organized under the laws of the State of Florida, submits to the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is AMERICAN ALTERNATIVE MEDICAL PRODUCTS, INC.
2. The name and address of the registered agent and office is:

Patrick de Vosjoli  
1314 E. Las Olas Blvd., #1111  
Fort Lauderdale FL 33301

Signature

Date 7/8/2003

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

Signature

Date 7/8/2003

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN 14 PM 12:55

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of July, 2003 by  
Patrick de Vosjoli, who is:

- ☒ Personally known to me, or  
☐ Who has produced a driver's license or I.D. card as identification

And who did or did not take an oath.



Joyce M. Cancel  
Notary Public

My commission expires: August 29, 2003

CERTIFICATE

DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF  
PROCESS WITHIN THE STATE OF FLORIDA, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in  
compliance with said Act:

That AMERICAN ALTERNATIVE MEDICAL PRODUCTS, INC. desiring to  
organize under the laws of the state of Florida with its principal office as indicated in the  
Articles of Incorporation, at the City of Fort Lauderdale, County of Broward, State of  
Florida, has named Patrick de Vosjoli, located at 1314 E. Las Olas Blvd., #1111, Fort  
Lauderdale FL 33301 as its agent to accept service of process within this State.

Dated: July 8, 2003

Patrick de Vosjoli

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