

PD3000077787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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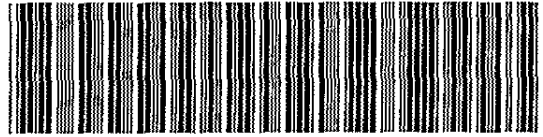
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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: Patty's Respiratory, 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: Patricia Balakonis
Name (Printed or typed)

5404 N.W. 28 Ave
Address

TAMARAC FL 33309
City, State & Zip

954-258-6875
Daytime Telephone number

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

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ARTICLE I

The name of the corporation shall be Patty's Respiratory, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II

The principle place of business / mailing address shall be 5404 NW 28th Avenue
Tamarac, Florida, 33309.

ARTICLE III

The purpose for which the corporation is organized is to provide respiratory care
services to home bound patients for different agencies, hospitals and doctor's
offices.

ARTICLE IV

The number of shares of stock is 100.

ARTICLE V

The names addresses and titles of the initial officers and directors are:

Patricia Balakonis 5404 NW 28th Avenue, Tamarac, Florida 33309 President
Patricia Balakonis 5404 NW 28th Avenue, Tamarac, Florida 33309 Treasurer

ARTICLE VI

The name and Florida Street address of the registered agent is:
Patricia Balakonis at 5404 NW 28th Avenue, Tamarac, Florida 33309.

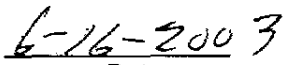
ARTICLE VII

The name and address of the incorporator is:
Patricia Balakonis at 5404 NW 28th Avenue, Tamarac, Florida 33309.

.....
Having been named the 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.



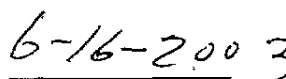
Signature/Registered Agent



Date



Signature/Incorporator



Date