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SECTE LARY OF STATE TALLAHASSEE, FLORIDA



DATE TILO3

STATE OF FLORIDA SECRETARY OF STATE DIVISION OF CORPORATIONS P. O. BOX 6327 TALLAHASSEE, FLORIDA 32314

RE: MOBILE SURGICAL SERVICES, INC.

GENTLEMEN:

ENCLOSED HEREWITH ARE THE ARTICLES OF INCORPORATION

TOGETHER WITH A COPY OF SAID ARTICLES FOR MOBILE SURGICAL SERVICES, INC.

AND OUR CHECK IN THE AMOUNT OF \$ 78.75 AS FOLLOWS:

FILING FEE \$ 35.00
CHARTER TAX REGISTERED AGENT _____ 35.00
CERTIFIED COPY _____ 8.75

\$ 78.75

RESPECTIVELY SUBMITTED,

INDV

CORP

MOBILE SURGICAL SERVICES, INC.

Washington Caberras 10110 NW 49# 1/2e Comi Springs H 33076

CERTIFICATE OF INCORPORATION

of

MOBILE SURGICAL SERVICES, INC.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

MOBILE SURGICAL SERVICES, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less_than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

Article VI

The initial street address of the principal office of the corporation shall be:

10110 N. W. 49 STREET CORAL SPRINGS, FL 33076

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The names and street addresses of the members of the first

Board of Directors of this corporation are as follows:

WASHINGTON CABEZAS

10110 N. W. 49 STREET CORAL SPRINGS, FL 33076

ARTICLE IX

The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

WASHINGTON CABEZAS

10110 N. W. 49 STREET CORAL SPRINGS, FL 33076

NORA CABEZAS

10110 N. W. 49 STREET CORAL SPRINGS, FL 33076

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, WASHINGTON CABEZAS

AND NORA CABEZAS , both being natural persons, competent to contract, have hereunto set their hands and seals this lot day of July, 2003.

STATE OF FLORIDA)
)SS

COUNTY OF BROWARD)

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared WASHINGTON CABEZAS and NORA CABEZAS, to me well known and known to me to be the individuals described in and who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 13tday of Tuly

Notary Public, State of Fiorida

My commission expires:

2003.

(Notary Seal)

A. GEORGE ALLOCCA, IR.

MY COMMISSION * DD 034482

GEORGE ALLOCCA, IR.

MY COMMISSION * DD 034482

EXPIRES: August 13, 2005

1-800-3-NOTARY FL Notary Service & Bonding, Inc.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE

FOR THE SERVICE OF PROCESS WITHIN THIS STATE,

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:

FIRST: That MOBILE SURGICAL SERVICES, INC. — desiring to organize under the Laws of the State of Florida with its principal offices as indicated in the Articles of Incorporation, in the City of CORAL SPRINGS, County of BROWARD, State of Florida, has named WASHINGTON CABEZAS, located at 10110 N.W. 49 ST., CORAL SPRINGS, Florida, as its agent to accept services of process within this State.

ACKNOWLEDGEMENT

Having been named to accept services of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

Ву:

Resident Agent