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TRANSMITTAL LETTER

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

			E SUFFIX)
closed is an origin	al and one(1) copy of the artic	les of incorporation and a	a check for :
XXXX\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
	•	FROM:	
	EUGENE LEWIS, E Name (1	Printed or typed)	
	7770 W OAKLAND	PARK BLVD. SUITI	E 470
	SUNRISE, FLORID	A, 33351	•
	-	, State & Zip	· .
	954-741-1	457 Felephone 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:

SHLEPAYENTA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8340 West Oakland Park Blvd. Sunrise, Florida

33351

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Medical Services

ARTICLE IV SHARES

The number of shares of stock is:

1000 No Par

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

David J. Widom, President

Christopher DaGrasso, Secretary

ARTICLE VI REGISTERED AGENT

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

Eugene Lewis, Esq. 7770 W. Oakland Park Blvd. Sunrise, Florida 33351

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

David J. Widom, 8340 W. Oakland Park Blvd., Sunrise, FL 33351

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

certificate, Jum familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Register

Signature/Incorporator