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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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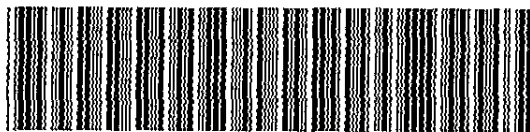
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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F. G. 1000000

SEP 10 10

TRANSMITTAL LETTER

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

SUBJECT: John F. Torregrosa, DPM, PA, 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: John F. Torregrosa, DPM

Name (Printed or typed)

c/o Edna M. Horowitz 208 Tide Avenue

Address

Tavernier, FL 33070

City, State & Zip

305-807-0005

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:

JOHN F. TORREGROSA, DPM, PA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1530 OCEAN BAY DRIVE VILLA 13
KEY LARGO, FL 33037

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY OR ALL LAWFUL BUSINESS INCLUDING, BUT NOT
LIMITED TO, A MEDICAL PRACTICE AND PROFESSIONAL ASSOCIATION.

ARTICLE IV SHARES

The number of shares of stock is:

500 (FIVE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JOHN F. TORREGROSA, DPM
1530 OCEAN BAY DRIVE VILLA 13
KEY LARGO, FL 33037

PRESIDENT, SECRETARY & DIRECTOR

ARTICLE VI REGISTERED AGENT

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

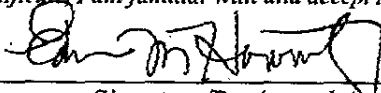
EDNA M. HOROWITZ
208 TIDE AVENUE
TAVERNIER, FL 33070

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

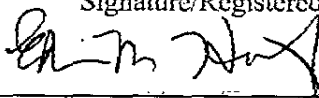
EDNA M. HOROWITZ
208 TIDE AVENUE
TAVERNIER, FL 33070

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

EDNA M HOROWITZ

8/26/03
Date


Signature/Incorporator

EDNA M HOROWITZ

8/26/03
Date

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TALLAHASSEE, FLORIDA
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