

P04000011198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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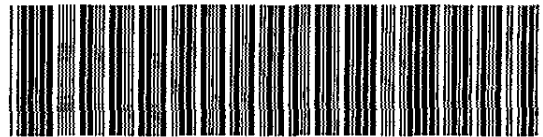
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. O. O'Connell JAN 16 2004

TRANSMITTAL LETTER

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

SUBJECT: Pregnancy Predictor, 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: Tara Nylese

Name (Printed or typed)

819 Chestnut Ct.

Address

Marco Island, FL 34145

City, State & Zip

239-642-9937

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:

Pregnancy Predictor, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

819 Chestnut Ct.
Marco Island, FL 34145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Womens Health, and diagnostics

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tara Nylese, President
819 Chestnut Ct. Marco Island, FL 34145
Gerry Nylese, Vice President
819 Chestnut Ct. Marco Island, FL 34145
Kimberly Ilie, CPA, Treasurer
39 Oldert Dr. Pearl River, NY 10965

ARTICLE VI REGISTERED AGENT

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


Tara Nylese
819 Chestnut Ct. Marco Island, FL 34145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tara Nylese
819 Chestnut Ct. Marco Island, FL 34145

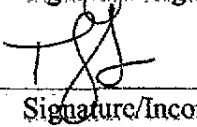
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA