



TRANSMITTAL LETTER

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

SUBJECT: Alpha Weight and Wellness Medical Clinic, PA  
(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: FLORENCIO V. ELLO, M.D.  
Name (Printed or typed)

2012 Dutchess Lane  
Address

Winter Park, FL 32792  
City, State & Zip

321-282-8564  
Daytime Telephone number

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

Florencio ELLO GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT VEVT  
DATE 3/9/04  
DOC. EXAM ✓

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Alpha Weight and Wellness Medical Clinic, PA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

172 South Semoran Blvd.  
Orlando, FL 32807

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Weight and Wellness and Primary Care  
medical clinic

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Florenco ELLD, MD - P  
Add: Same as above

Regina ELLD: VP  
Add: same as above

Linda d'Amato - Secretary, TREASURER  
Add: same as above

**ARTICLE VI REGISTERED AGENT**

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

Florenco ELLD  
2012 Dutchess Lane  
Winter Park, FL 32792

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Florenco ELLD  
2012 Dutchess Lane, Winter Park FL 32792

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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

Florenco ELLD, MD

Signature/Registered Agent

2/24/04

Date

Florenco ELLD, MD

Signature/Incorporator

2/24/04

Date