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2004-02-08 P 1:35

## TRANSMITTAL LETTER

ATX1

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

**SUBJECT:** Misti Griffin 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:** Misti Griffin

Name (Printed or typed)

3360 NW 8th Court

Address

Ft Lauderdale FL 33311

City, State & Zip

(954) 584-4912

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)

ATX1

## ARTICLE I NAME

The name of the corporation shall be:

Misti Griffin Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3360 NW 8th Court

Ft Lauderdale, FL 33311

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Health services

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Misti Griffin

3360 NW 8th Court

Ft Lauderdale FL 33311

## ARTICLE VI REGISTERED AGENT

The NAME AND FLORIDA STREET ADDRESS of the registered agent is:

Misti Griffin

3360 NW 8th Court

Ft Lauderdale FL 33311

## ARTICLE VII INCORPORATOR

The NAME AND ADDRESS of the Incorporator is:

Misti Griffin Inc

3360 NW 8th Court

Ft Lauderdale FL 33311

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2004 APR -2 P 1:35

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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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*

Misti Griffin

Signature/Registered Agent /Incorporator

3/18/04

Date

Date