

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 203-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

DANIEL WALDMAN THERAPY, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
FOR
DANIEL WALDMAN THERAPY, INC.

ARTICLE I

The name of the Corporation shall be:

DANIEL WALDMAN THERAPY, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

575 Crandon Blvd. # 701
Key Biscayne, Florida 33149

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

7500 SHARES

ARTICLE IV

The name and address of the initial registered agent is:

DANIEL WALDMAN
575 Crandon Blvd. # 701
Key Biscayne, FLORIDA 33149

ARTICLE V

This corporation shall have officers and directors initially. The names and addresses of the initial officers and directors who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

DANIEL WALDMAN
575 Crandon Blvd. # 701
Key Biscayne, FL 33149

ESTER BERNIGAUD
575 Crandon Blvd. # 701
MIAMI, FL 33149

ARTICLE VI

The name and street address of the incorporator to these Articles of Incorporation is:

DANIEL WALDWAN
575 Crandon Blvd. # 701
Key Biscayne, FLORIDA 33149

The undersigned has executed these Articles of Incorporation the 19th Day of April, 2004.


DANIEL WALDMAN

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

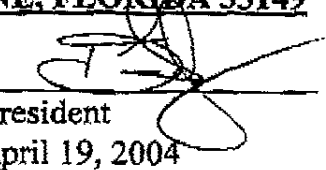
Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida.

1. The name of the Corporation is:

DANIEL WALDMAN THERAPY, INC

2. The name and address of the registered agent and office is:

DANIEL WALDMAN
575 CRANDON Blvd. # 701
KEY BISCAYNE, FLORIDA 33149

SIGNATURE: 
TITLE: President
DATE: April 19, 2004

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: 
DATE: April 19, 2004