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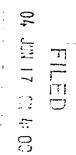
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# TRANSMITTAL LETTER

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

SUBJECT: Vero	nica Ten Kate, M.D. Inc.		
	(PROPOSED CORPORA'	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM:	eronica Ten Kate Name	(Printed or typed)	<u></u>
	702 South Delaware Ave.		
		Address	
	Tampa, FL 33606	State & Zip	. ,
	(813) 254-6063		
	` <u> </u>	elephone 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:

Veronica Ten Kate, M.D. Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

702 South Delaware Ave.

Tampa, FL 33606

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice

#### 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):

Veronica Ten Kate M.D.

702 Delaware Ave. (South)

Tampa, FL 33606

## ARTICLE VI REGISTERED AGENT

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

Michael Pagani 3522 South Azeele St

Tampa, FL 33609

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Veronica Ten Kate 702 South Delaware Ave Tampa, FL 33606

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

Obligation

Date

Obligation

Signature/Incorporator

Date