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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

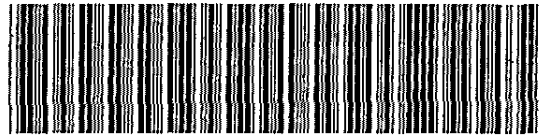
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: The Vizcay Wellness Group, 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: Sara Vizcay, M.D.
Name (Printed or typed)

5137 St Vincent Street
Address

Tampa, Florida 33614-6673
City, State & Zip

813-877-6069
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

THE VIZCAY WELLNESS GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5137 St. Vincent Street
Tampa, Florida 33614-6673

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any legal business activity in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sara Vizcay, M.D., Chairman, President, Treasurer, Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Sara Vizcay, M.D. 5137 St. Vincent Street, Tampa, Florida 33614-6673

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sara Vizcay, M.D.
5137 St. Vincent Street,
Tampa, Florida 33614-6673

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

x 
Signature/Registered Agent

10-30-04
Date

x 
Signature/Incorporator

10-30-04
Date

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TALLAHASSEE, FLORIDA