

P050000/1934

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0381

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.**

~~AMERICAN~~  
**MAERICAN SLEEP INSTITUTE, INC**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION  
OF

AMERICAN SLEEP INSTITUTE, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: AMERICAN SLEEP INSTITUTE, INC.

The principal place of business of this corporation shall be: 848 Brickell Avenue, Miami, FL 33131 (Suite 1220)

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 Shares at \$1.00 Par Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Judith C. Negron (President) 848 Brickell Ste #1220, Miami, FL 33131  
Marianella Valera (VP) 848 Brickell Ave Suite 1220, Miami, FL 33131

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

JUDITH C. NEGRON  
848 Brickell Ave Ste 1220  
Miami, FL 33131

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 19th day of January, 2005

Signature(s) of Incorporator(s)

  
01/19/05

\_\_\_\_\_  
President  
\_\_\_\_\_

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

AMERICAN SLEEP INSTITUTE, INC.

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

LAWRENCE DURAN 848 Brickell Ave Ste 1220

(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33131

(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SIGNATURE [Signature]

Registered Agent

TITLE \_\_\_\_\_

DATE 01/19/05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE [Signature]

DATE 01/19/05