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(City/State/Zip/Phone #)

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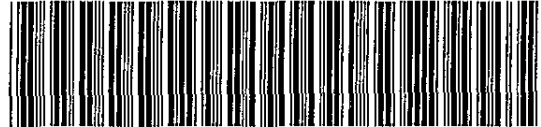
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 MAR 11 PM 2:08

44-3/15

TRANSMITTAL LETTER

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

SUBJECT: SLEEP LAB CONSULTANTS, 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: ANDREW ZINMAN
Name (Printed or typed)

3059 N.W. 91ST AVE #203
Address

COVEL SPRINGS, FL 33065
City, State & Zip

561-305-9431
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be:

SLEEP LAB CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3059 N.W. 91ST AVE #203
CORAL SPRINGS, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE CONSULTING SERVICES TO PHYSICIANS WHO
INTEND TO OPEN A SLEEP DIAGNOSTIC LAB.

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):

ANDREW ZIMMAN
3059 N.W. 91ST AVE #203
CORAL SPRINGS, FL 33065
PRESIDENT

RANDY WEISMAN
2525 RIVERLAKE TERRACE
FT. LAUDERDALE, FL 33312
VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

ANDREW ZIMMAN
3059 N.W. 91ST AVE #203
CORAL SPRINGS, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANDREW ZIMMAN
3059 N.W. 91ST AVE #203
CORAL SPRINGS, FL 33065

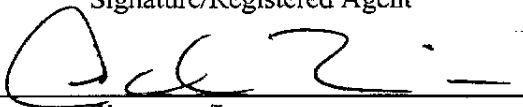
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3-8-05

Date



Signature/Incorporator

3-8-05

Date