

### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Phone

Fax Number : (305)716-0346 ڢ

## FLORIDA PROFIT CORPORATION OR P.A.

#### FMR MANAGEMENT CORP.

Certificate of Status	U .
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# CERTIFICATE OF INCORPORATION OF FMR MANAGEMENT CORF.

- I, the undersigned, hereby make, subscribe and acknowledge this cartificate for the purpose of becoming a corporation under the laws of the State of Florida.
- 1. The name of the corporation shall be: FMR MANAGEMENT CORP., and its existence shall be perpetual.
- 2. The general mature of the business to be transacted shall be to have all other powers provided by the laws of the State of Florida.
- 3. The capital stock of the corporation shall consist of one hundred (100) shares, without nominal par value.
- 4. The amount of capital with which this corporation shall begin business in not less than FIVE MUNDRED DOLLARS.
- 5. The principal office of this corporation shall be at 1380 PARKSIDE CIRCLE SOUTH, BOCA RATON, FLORIDA 33486.
- 6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

	NAME	OFFICE	POST OFFICE ADDRESS	
ı.	ROBERT SLOANE	Fresident	1380 PARKSIDE CIRCLE SOUTH BOCA RATON, FL 33486	
2.	MICHAEL CANTOR	Vice-President	19355 TURNBERRY WAY, \$258 AVENTURA, EL 33180	
3.	FRED PERITS	Secretary and Tressurer	7932 SERINGVALE DR. LAREWORTH, FL 33467	

7. The names and post office addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than FIVE NUNDERD DOLLARS (\$500.00), are as follows:

This Document prepared by: Daniel M. Reil, P.A. 3165 West 4th Avenue Hislash, Florida 33012 Telephone No. (305) 883-6600 Florida Ber No. 181663

NAME AND ADDRESS	NO. OF SHARES	CONSIDERATION
1. ROBERT SLOANE 2. MICHAEL CANTOR	33 1/3 33 1/3	\$166,67 \$166.67
3. FRED PERITZ	33 1/3	\$166.67

8. ROBERT SLOANE, is hereby designated as the Registered Agent for the corporation at 1280 PARKEIDE CIRCLE SOUTH, BOCK RATON, FLORIDA 32486.

IN WITNESS WHEREOF, the undersigned bereby subscribe to this Certificate of Incorporation at Hisland, Florida this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_, 2005, for the uses and purposes aforesaid.

MICHAEL CANTOR

STATE OF FLORIDA COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared

- I. ROBERT SLOADE
- 2. MICHAEL CANTOR
- 3. FRED PERITZ

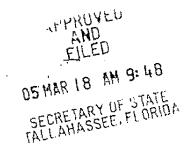
Subscriber(s) and person(s) described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hislesh, Dade County, Florida this the 1914 day of MARCH , 2005.

Mark State State State

My Commission Expires:

This Document prepared by: Deniel M. Keil, P.A. 3163 West 4th Avenue Hislesh, Florida 33012 Telephone No. (305) 883-6600 Florida Ser No. 181663 205000067963 3



CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR DOWNCILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA MAMING AGENT UPON WHOM PROCESS MY BE SERVED.

In compliance with section 28.091, Florida Statutes, the following is submitted:

EMR MANAGEMENT CORP.

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Law worth , State of Florida, has named ROBERT SLOAME located at 1380 PARKSIDE CIRCLE SOUTH, BOCA RATON, FLORIDA 33486 as its Agent to accept garvice of process within Florida.

ROBERT SLOANE, CORPORATE OFFICER

TITLE President

DATE 3/15/05

I 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 CARACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROFER AND COMPLETE PERFORMANCE OF MY DUTIES.

REGISTERED AGENT

DATE

This Document prepared by: Daniel M. Keil, P.A. Bles West 4th Avenue Bisleah, Florida 33012 Telephone No. (305) 883-6600 Florida Bar No. 181663