P05000043786

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
` , , , ,				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
,	,	,		
(Document Number)				
(50				
Cadilla I Caulaa	Caulifi - ata-	-f Ol-tur		
Certified Copies	Certificates	or Status		
		·		
Special Instructions to	Filing Officer:			
·	·			

Office Use Only



500048421965

03/16/05--01027--015 **87.50

05 M/R 16 PH 2: 39

3/23/05 pur

TRANSMITTAL LETTER

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

SUBJECT:7	he Wall Doctor of (PROPOSED CORPOR	of South Flor	ida, Inc.	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	& Certificate of	
		ADDITIONAL CO	Status PPY REQUIRED	
FROM:	Raymond C	0019		
6518 Spring Meadow Orive				
	west Palm Bo	each, FL 3	33413	
	City	. State & Zip	,	
	561-2	48- 6398		
	Daytime Telephone number			

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION OF

THE WALL DOCTOR OF SOUTH FLORIDA, INC.

The undersigned subscribers to these Articles of Incorporation, natural persons, competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: The Wall Doctor of South Florida, Inc.

ARTICLE II - PRINCIPAL OFFICE

The initial principle office and mailing address of the corporation is:

6518 Spring Meadow Drive West Palm Beach, FL 33413

05 MAR 16 PM 2: 39

ARTICLE III - PURPOSE

This corporation is organized for the purpose of engaging in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - SHARES

The corporation is authorized to issue 10,000 shares of \$.10 par value common stock, which shall be designated "Common Stock."

ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The name and address of the initial directors of the corporation are as follows:

Raymond Coons 6518 Spring Meadow Drive West Palm Beach, FL 33413

ARTICLE VI - INITIAL REGISTERED AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

Raymond Coons 6518 Spring Meadow Drive West Palm Beach, FL 33413

ARTICLE VII - INCORPORATOR

The name and address of the incorporator signing these Articles of Incorporation is as follows:

Raymond Coons 6518 Spring Meadow Drive West Palm Beach, FL 33413

ARTICLE VIII - INDEMNIFICATION

The corporation shall indemnify its directors, officers, employees, and agents to the full extent permitted by law.

(seal)

STATE OF FLORIDA

COUNTY OF PALM BEACH

Before me, a Notary Public authorized to take acknowled forth above, personally appeared	owledgements in the State and County set
Raymond	Coors
Known to me and known to be the person(s) who en incorporation, and who acknowledged before me the Incorporation.	
IN WITNESS WHEREOF, I have hereunto affixed aforesaid, this day of March_	my hand and seal. in the State and County, 2005.
(Notary seal) Rudder Reurie	
(Notary Public, State of Florida at Large) My commission expires:	RUDDER PEARCE MY COMMISSION # DD 013414 EXPIRES: March 29, 2005 Bonded Thru Budget Notary Services
3/29/2005	

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

The Wall Doctor of South Florida, Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at:

6518 Spring Meadow Drive West Palm Beach, FL 33413

Has named RAYMOND COONS located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at that place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(Registered agent)