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# TRANSMITTAL LETTER

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

SUBJECT:	Sam Ash, M.D (PROPOSED CORPORA)		UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	<ul><li></li></ul>	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED	
FROM:	Sam Ash, M.D.  Name (Printed or typed)		·	p
		7. 78th Court Address		· · · · · · · · · · · · · · · · · · ·
		lorida 33156 State & Zip		
		73-6096 elephone 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)

FILED

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#### ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA Sam Ash, M.D., P.A.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 9130 S.W. 78th Court Miami, Florida 33156

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Medical Practice

#### ARTICLE IV SHARES

The number of shares of stock is: 100 (One Hundred)

## INITIAL OFFICERS AND/OR DIRECTORS

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

Sam Ash, M.D. 9130 S.W. 78th Court Miami, Florida 33156

#### REGISTERED AGENT ARTICLE VI

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

Sam Ash, M.D. 9130 S.W. 78th Court Miami, Florida 33156

#### ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is:

Sam Ash, M.D. 9130 S.W. 78th Court Miami, Florida 33156

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

Signature/Incorporator