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SECRETARY CENTRIDA

TRANSMITTAL LETTER

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

SUBJECT: Samant	tha Cartledge, M.D., P.A. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDESUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Ch	arles L. Carder, III, Esq.		
	Nam	(Printed or typed)	
	49 Atlanta Street		
		Address	
	Marietta, GA 30060		
	City	, State & Zip	
	770-422-1776		
	Daytime	Telephone number	

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

FILED

ARTICLES OF INCORPORATION OF SAMANTHA CARTLEDGE, M.D., P.A.

05 HAY 13 PM 3: 37 SECRETARY UF STATE FALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be Samantha Cartledge, M.D., P.A. (the "Corporation").

ARTICLE II PRINCIPAL OFFICE

The mailing address of the principal place of business of the Corporation is 940 SE 9th Street, Fort Lauderdale, Florida 33316.

ARTICLE III PURPOSE

The Corporation is a corporation for profit and is organized for the purpose of practicing the profession of medicine.

ARTICLE IV SHARES

The Corporation shall have authority, acting by its Board of Directors, to issue not more than 100,000 shares of stock, no par value, that together have unlimited voting rights and that together are entitled to receive the net assets of the Corporation upon dissolution. Said shares of stock may be referred to as "common stock."

ARTICLE V REGISTERED AGENT

The name and address of the registered agent for the Corporation is Samantha Cartledge, M.D., 940 SE 9th Street, Fort Lauderdale, Florida 33316.

ARTICLE VI INCORPORATOR

The name and address of the incorporator is Charles L. Carder, III, Brock, Clay & Calhoun, P.C., 49 Atlanta Street, Marietta, Georgia, 30060.

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

1/// 4/

Signature/Incorporator

5-3-2005

Date

Date

I:\home\clients\Samantha Cartledge, M D\Articles of Incorporation doe

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