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SECRETARY OF STATE

APPROVIL

V

TRANSMITTAL LETTER

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

(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
inal and one (1) copy of the arti	cles of incorporation and	a check for:
□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
POBOX BOCA R	490 Address ATON, FL 32 State & Zip	3429
	inal and one (1) copy of the articular filling Fee & Certificate of Status MARILUM Name POBOX BOCA R City,	Filing Fee Filing Fee & Certificate of Status & Certified Copy

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

Daytime Telephone number

AHD FILED

05 JUN 15 PM 2: 35 ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) SECRETARY OF STATE TALL AHASSEE, FLORIDA ARTICLE I NAME The name of the corporation shall be: M. T. HUGHES, P.A. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 115 E. BOCA RATON RD BOCA RATION, FL 33432 **PURPOSE** ARTICLE III The purpose for which the corporation is organized is: PROPESSIONAL (CONSUME DIONER ARTICLE IV The number of shares of stock is: 100 PAR VALUE SHAMES INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): DIRECTORÉ PRESIDENT: MARILYN T. HUGKES 389 E. PALMETTO PARK RD BORA RATON, FZ 33432 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: MARILYN T. HUGHES 389 E. PARMETTO PARK RD BOCA RATON PL 33432 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MARILYN T HUALUS P.O. BUX 490 BOCA RAFON R 33429 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/Incorporator