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CORPORATE FILING SERVICE		
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. MAPLES INSURY CEN (Corporation Name) (I	TER #2 INC.	
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2. (Corporation Name) (I	Occument #)	
(Corporation Name) (Document #)		
4. (Corporation Name) (E	Occument #)	
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Profit Not for Profit Limited Liability Domestication Other Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
Annual Report Fictitious Name Limit Reins	ed Partnership statement emark	

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 - NAME

The name of the corporation shall be:

NAPLES INJURY CENTER #2, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

2740 BAYShore DR. 48 NAPLES, FL 34112

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CATALINA CARRERAS

2740 BAYShore DR. #8

NAPLES FZ 34112

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

CATALINA CARRERAS
2740 BAYShore DR #8
NAPLE FL 34112

The undersigned incorporator has executed these Articles of Incorporation this 10 day of Abber 2005

Catalus Carreas.
Signature

ARTICLE VI DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Catalina Carreras (PD)
Lilliana Vargas (YP)
Alberto Carreras (Treasores)
Andres Cchevaria (Sec)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature