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Florida Department of State
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

JOEY'S JUVENILE DISEASES CORP

Certificate of Status	0
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C.S. 12-14

ARTICLES OF INCORPORATION
OF
JOEY'S JUVENILE DISEASES CORP

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

ARTICLE I - NAME

The name of the corporation shall be:

JOEY'S JUVENILE DISEASES CORP

The principal place of business of this corporation shall be:

**257 N. COLLIER BLVD
MARCO ISLAND, FL 34145**

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ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of stocks and its value that this corporation is authorized to have outstanding at one time is: 1000 shares, \$1.00 par

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

**JOSEPH OLIVERIO
540 HAMMOCK
MARCO ISLAND, FL 34145**

Prepared By:
Comprehensive Business Solutions
606 Bald Eagle Drive, Suite 601
Marco Island, FL 34145
(239) 389-9555

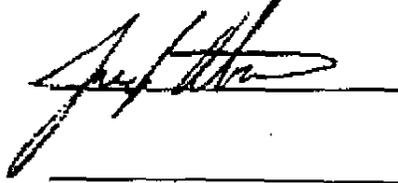
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

**JOSEPH OLIVERIO
548 HAMMOCK
- MARCO ISLAND, FL 34145**

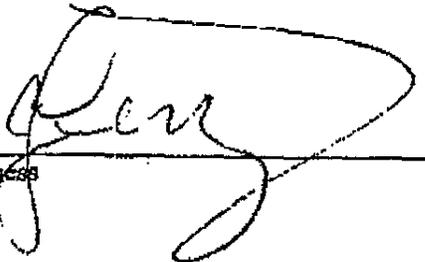
IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10th of December, 2004

Signature of Incorporator(s)



A handwritten signature in cursive script, appearing to read "Joseph Oliverio", written over a horizontal line.

Witness



A large, stylized handwritten signature in cursive script, written over a horizontal line.

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

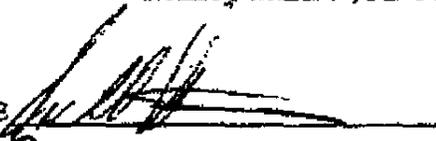
Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

JOEY'S JUVENILE DISEASES CORP

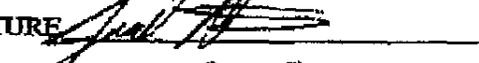
2. The name and address of the registered agent and office is:

**JOSEPH OLIVERIO
540 HAMMOCK
MARCO ISLAND, FL 34145**

SIGNATURE 
TITLE PRESIDENT
DATE 12-8-05

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TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 
DATE 12-8-05