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SECRETARY OF STATE
TALL ANASSEE, FLORIDA

FILED

2.24.91

COVER LETTER

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

| SUBJECT: | DR. MARTIN | LEVY P.A. | |
|----------------------|--|--|--|
| Enclosed are an orig | (PROPOSED CORPORA ginal and one (1) copy of the art | | UDE SUFFIX) I a check for: |
| S70.00 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 |
| FROM: | 134 VIA VE PALM BEAC | Address H SARDENS, State & Zip | FZ · 334/8 |
| | | 52.7309 Telephone 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) |
| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: DR. MARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 134 VIA VERDE WAY PALM BEACH GARDENS, FL. 33418 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROFIT - PROFESSIONAL CARPORATION |
| ARTICLE IV SHARES |
| The number of shares of stock is: 10 (TEU) |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): DR. MARTIN LEVY — PLESIDENT BETH CAROL LEVY— TREASURER/NOMINISTRATILE ASSISTANT |
| ARTICLE VI REGISTERED AGENT |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: |
| DR. MARTIN LEVY 134 VIA VERDE WAY PENN BEACH GARDENS, Fl. 33418 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: |
| OR MARTIN LEVY 134 VM VERDE WAY RALM BEACH GANDENS, FT. 33418 |
| +************************************* |
| raving been named as registered agent to accept service of process for the above stated corporation at the place designated in this capacity and agree to act in this capacity |
| Signature/Registered Agent Date, |
| Date) |
| Le filled // My |
| Signature/Incorporator Date |