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06 AUG 18 AMIL: 26 SECRETARY UFSTATE TALLAHASSEF FLORIE.

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COVER LETTER

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

SUBJECT: _	Fred	2.	Burg	tord	I	15.0.	P.A.	
		(PROPOSE)	D CORPORA	TE NAME	– <u>MUST II</u>	NCLUDE SUI	FFIX)	

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
- 11	(Printed or typed)	<u>C 00</u>
Ft. Myers 1	Address	33931

239

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

Daytime Telephone number

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: Fr. J 5. Bufford III D.D. P.A.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: (8483 cotlass Dr Ft. Mre-s Beach Fl 3393)	FILE 06 AUG 18 SECRETARY OF TALLAHASSEE
The purpose for which the corporation is organized is: medical practice	FILED 18 AM II: 26 ARY OF STATE SSEE, FLORIDA
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Fred J. Berford II - President 18483 (-+1-1) Pr Ft. Myers Beal F1 33931	_
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent freed J. B. Freed II DO 18483 C. + L. S. J. D. ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Freed J. B. Freed II Do 18483 C. + L. S. J. D. J. J. D. J.	nt is:

Signature/Registered organi Signature/Incorporator	Date O C