

PO6000123359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

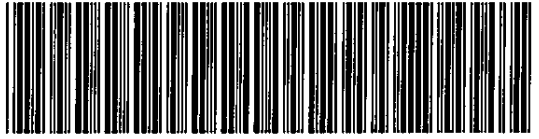
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 SEP 25 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PASCAL BORDY D.C. P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: PASCAL BORDY
Name (Printed or typed)

329 CIPRIANI WAY
Address

NORTH VENICE FL 34275
City, State & Zip

708 717 3089
Daytime 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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

PASCAL BORDY D.C. P.A.

2006 SEP 25 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

329 CIPRIANI WAY
NORTH VENICE FL 34275

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PASCAL BORDY, PRESIDENT 329 CIPRIANI WAY
NORTH VENICE FL 34275
ARNE BORDY, TREASURE, 329 CIPRIANI WAY
NORTH VENICE FL 34275

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

PASCAL BORDY
329 CIPRIANI WAY NORTH VENICE FL 34275

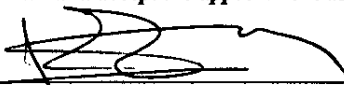
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PASCAL BORDY
329 CIPRIANI WAY NORTH VENICE FL 34275

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

PB




Signature/Registered Agent

09/21/06

Date

PB



Signature/Incorporator

09/21/06

Date