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SECRETARY OF STATE

)06 SEP 25 PM 2: 0

T. Hampton SEP 2 6 2006

COVER LETTER

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

SUBJECT:	ASCAL BORI)4 D.C. (†	H	
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an ori	ginal and one (1) copy of the artic	eles of incorporation and	a check for:	
\$70.00	\$78.75	\$78.75	□√ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
-	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL CO		
	D			
FROM:	PASCAL BO	RDY		
Name (Printed or typed)				
329 CIPRIANI WAY				
Address				
NORTH VENICE FL 34275				
100017702000000000000000000000000000000				
2222222				
Paytime Telephone number				

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	Attitus on a
ADMIOLE L. MARKE	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	TALLAHASSEE, FLORIDA
The principal place of business/mailing address is:	ZombA
The principal place of business/mailing address is: 329 CIPRIANI WAY NORTH VENICE FL 3427	5
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): PRESIDENT NORTH VE ARTICLE VI REGISTERED AGENT	CI CIPRIANI WAY
List name(s), address(es) and specific title(s):	Ju TENICE F134275
PASCAL ISORDY, THESICONI, NOI	RIA PLIVICE . C ,
no as a resource 32 a cipk	EIANI WAY
HAR BORDY TREASURE, SECTON	WICE FL'342 B
NORTH VC	, , , , , , , , , , , , , , , , , , ,
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the regist	tered agent is:
PRICAL BORDY	× 51 0107
	ILE FL 34275
329 CIPRIANIWAY NORTH VENT	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Directal RNDY	
PASCAL BOODY 329 CIPRIANI WAY NORTH VENICE	= FL 3423
329 CIPRIANIWAY NOWIN	
************************	******
Having been named as registered agent to accept service of process for the above stated corp	
certificate, I am familiar with and accept the appointment as registered agent and agree to act	in this capacity / 1
	09/21/06
Signature/Registered Agent	Date
	sahilas
	<u> </u>
Signature/Incorporator	Date (

ARTICLES OF INCORPORATION