

Florida Department of State  
Division of Corporations  
Public Access System

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**To:**

Division of Corporations  
Fax Number : (850) 205-0381

**From:**

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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## FLORIDA PROFIT/NON PROFIT CORPORATION

Allison Grow MD, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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## 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:

ALLISON GROW MD, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1706 NALDO AVENUE  
JACKSONVILLE FLORIDA 32207

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

#### **DIRECTOR-PRESIDENT:**

ALLISON GROW  
1706 NALDO AVENUE  
JACKSONVILLE FLORIDA 32207

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ALLISON GROW MD, INC.

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY FL 32351

**ARTICLE VII INCORPORATOR**

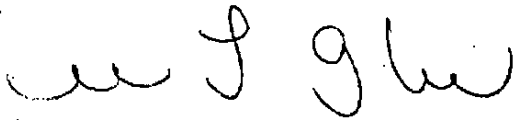
The name and Florida street address of the incorporator is:

ALLISON GROW  
1706 NALDO AVENUE  
JACKSONVILLE FLORIDA 32207

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*Having been named as registered agent to accept service of process for the above 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.*



A1A REGISTERED AGENT INC. / REGISTERED AGENT

05/23/07

DATE



ALLISON GROW / INCORPORATOR

6/24/07

DATE

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