# P0888880233

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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TALLAHASSEE, FLORIDA

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# **COVER LETTER**

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

SUBJECT:		M.D. INC. ATE NAME - MUST INCLI	JDE SUFFIX)
Enclosed are an origina  \$70.00 Filing Fee		ticles of incorporation and \$78.75 Filing Fee	a check for:  \$87.50 Filing Fee,
_	& Certificate of Status	& Certified Copy	& Certificate of Status
	umaruel &	ADDITIONAL CO	,
FROM: Z /	Nam	e (Printed or typed)	

Address

702 REFLECTIONS LAWE WINTER GARDEN

City, State & Zip FLORIDA 34787.

Daytime Telephone number

407-8656-8877 (PHONE+)

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)

# ARTICLE I NAME

The name of the corporation shall be:

PRIVATE M.D. INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of husiness/mailing address is

FOR REFLECTIONS LANE WINTER GARDEN FL. 34787

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE AND ANY ACTIVITIES OR BUSINESS
PRACTICES AUTHORIZED UNDER FEDERAL AND PLORIDA LAW.

# ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES AT \$1 EACH

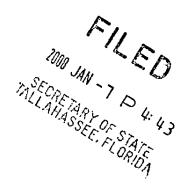
### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

EMMANUEL LONSDONFER - PRESIDENT

ZPENKA LONSDORFER - SERNETARY + TREASURER

(ADDRESS SAME AS IN ARTICLE II)



The name and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:			
EMMANUEL LONSDONFER - 7	<del></del>			
ARTICLE VII INCORPORATOR	INTEL GARDEN FL. 34787			
The name and address of the Incorporator is:	·			
EMMANUEL LONSDORFEN -	TOZ REFLETIONS LANE WINTER GAMPEN FL. 34797			
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in thi certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity				
Z hilly	C 01-01-08			
Signature/Registered Agent	Date			
2 ( / / / / %	<u>01-01-0f</u>			
Signature/Incorporator	Date			
, ,				

ARTICLE VI REGISTERED AGENT