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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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DATE

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 03/01/08

Re:	Citrus		Specialist	 , Inc.
		(Name	of Corporation)	

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Edward R. Wolinski

Citrus Laser Specialist, Inc.
(Name of Corporation)

- MAIL	ING ADDRESS O	F CORF	PORATION -
	P.O. Box 18	69	<u> </u>
	Inverness,	FL.	34451
	PHON	1E	
(352)	613-2035 . Number	•	
Area Code	Number		Ext.

ARTICLES OF INCORPORATION

of

•	Citrus Laser Specialist, Inc.			
(name of corporation)				

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

Al	RTICLE I - CORPORATA	E NAME			
The name of the corporation is:	trus Laser Spec	ialist, Inc	· ====================================	08	
This corporation shall exist perpetually unle	ARTICLE II - DURAT ess dissolved according t ARTICLE III - PURPO	to Florida law.	LLAHÄSSEE, FLORIDA	HAR -7 AM II: 54	
The corporation is organized for the purpos United States and the State of Florida.	e of engaging in any acti	ivities or business	permitted unde	r the laws	of the
The corporation is authorized to issue	RTICLE IV - CAPITAL of commo		\$ 1.00	per	share.
ARTIC. The street address of the initial principal off	LE V - INITIAL PRINCI ice and, if different, the		s:		
STREET ADDRESS					
7498 S. Blackberry Point					
CITY Homosassa	FLO	RIDA	ZIP	34446	
Mailing address, if different			·		
STREET ADDRESS					
P.O. Box 1869					
CITY Inverness	FLOF	RIDA	ZIP	34451	

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Edward R. Wolinski		
ADDRESS	7498 S. Blackberry Po	int	
CITY '	Homosassa	FLORIDA	ZIP 34446

	Edward R. Wolinski		
ADDRESS	7498 S. Blackberry Point		
CITY	Homosassa	STATE Florida	ZIP 34446
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY	,	STATE	ZIP
ADDRESS	7498 S. Blackberry Point		
NAME	Edward R. Wolinski		
CITY	Homosassa	STATE Florida	ZIP 34446
NAME	HOMOSassa	SIMIE FIOLICA	ZII 31110
ADDRESS	·		80 80 80
UDDICESS		STATE	ZEA A
CITY		DIVITE	2.11.
CITY		:	<u> </u>
NAME		:	ASSEE F
NAME ADDRESS		STATE	ASSEE FLORES
NAME ADDRESS CITY	ed incorporator(s) have executed these Ar	STATE ticles of Incorporation this	THE SEP
NAME ADDRESS CITY The undersign	ed incorporator(s) have executed these Art March	ticles of Incorporation this	THE STATE ASSEE FLORES
NAME ADDRESS CITY The undersign	Manah	ticles of Incorporation this	THAY OF STATE ASSEE FLORES
NAME ADDRESS CITY	Manah	ticles of Incorporation this	ASSEE FLORED ZEE FLORED ZEE FLORED ZEE FLORED

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR -7 AM II: 5



Citrus Laser Specialist, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	7498 S. Blackberry Point		
	Homosassa, FL. 34446		
has named	Edward R. Wolinski		

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Edwar Wolinson	3-6-08	
(Signature)	(Date)	