

Mar 25 2008

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CSH SERVICES

3-12-22-12

p. 1

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

DR. MARINA KOTLYAR OD, P.A.

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

DIVISION OF CORPORATION

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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:

DR. MARINA KOTLYAR OD, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address is:

400 NE 12TH AVE #307

HALLANDALE, FLORIDA 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is practice of medicine.

ARTICLE IV SHARES

The number of shares of stock is:

1500 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:

PRESIDENT:

MARINA KOTLYAR

400 NE 12TH AVE #307

HALLANDALE, FLORIDA 33009

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TALLAHASSEE, FLORIDA

PAGE 2 DR. MARINA KOTLYAR OD, P.A.

ARTICLE VI REGISTERED AGENT

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

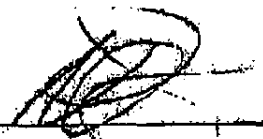
MARINA KOTLYAR
400 NE 12TH AVE #307
HALLANDALE, FLORIDA 33009

ARTICLE VII INCORPORATOR

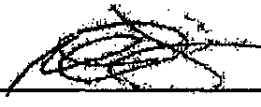
The name and Florida street address of the incorporator is:

MARINA KOTLYAR
400 NE 12TH AVE #307
HALLANDALE, FLORIDA 33009

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.


MARINA KOTLYAR / REGISTERED AGENT

3/24/08.
DATE


MARINA KOTLYAR / INCORPORATOR

3/24/08.
DATE