

P08000091715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

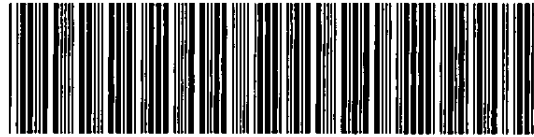
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/01/08--01018--008 **78.75

W08-45568

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT -9 PM 4: 15

FILED

T. Burch OCT 9 2008

COVER LETTER

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

SUBJECT: MEDICAL FITNESS CONCIERGE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JOHN OLEA, ESQ.
Name (Printed or typed)

11382 PROSPERITY FARMS ROAD, SUITE 228
Address

PALM BEACH GARDENS, FLORIDA 33410
City, State & Zip

561-624-7717
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2008

JOHN OLEA ESQ.
11382 PROSPERITY FARMS ROAD STE 228
PALM BEACH GARDENS, FL 33410

SUBJECT: MEDICAL FITNESS CONCIERGE, INC.
Ref. Number: W08000045566

RECEIVED

09 OCT -9 AM 00

RECEIVED

We have received your document for MEDICAL FITNESS CONCIERGE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type in the name of the registered agent in article VI.

An effective date may be added to the Articles of Incorporation **if a 2009 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 608A00052401

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:

MEDICAL FITNESS CONCIERGE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

206 LONE PINE DRIVE
PALM BEACH GARDENS, FLORIDA 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KAREN S. MARCHELLETTA, PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

206 LONE PINE DRIVE
PALM BEACH GARDENS, FLORIDA 33410

KAREN S. MARCHELLETTA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN OLEA, ESQ.
11382 PROSPERITY FARMS ROAD
SUITE 228
PALM BEACH GARDENS, FLORIDA 33410

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

Karen S. Marchelletta
Signature/Registered Agent

09/26/08
Date

[Signature]
Signature/Incorporator

09/26/08
Date

FILED
2008 OCT -9 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA