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# TRANSMITTAL LETTER

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

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<b>□</b> \$87.50				
Filing Fee,				
Certified Copy				
& Certificate of				
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REQUIRED				
2810 LAKEVIEW DR.				
Address				
SEBRING, FLA. 33870 City, State & Zip				

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:

K. MECUE, MD, RA. CHERI

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2810 LAKEVIEW DR.

SEBRING, FLA. 33870

The purpose for which the corporation is organized is:

PRACTICE OF MEDICINE

### ARTICLE IV SHARES

The number of shares of stock is:

HAVING A PAR VALUE OF \$1 PER SHARE. 5000 SITARKS

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHERI K. MECUE, DIRECTOR & PRESIDENT

2810 LAKEVIEW DR.

SEBRING, FLA. 33870

### ARTICLE VI REGISTERED AGENT

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

CHERI K. MECUE

2810 LAKEVIEW DR.

SEBRING, FLA. 33870

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHERI K. MªCUE 2810 LAKEVIEW DR.

SEBRING, FLA. 33870

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

Signature/Registered Agent

Chri K. Mcae

Signature/Incorporator

