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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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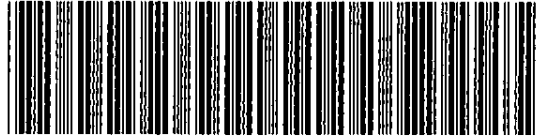
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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COVER LETTER

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

SUBJECT: BWJ MEDICAL SERVICES, 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

· ADDITIONAL COPY REQUIRED

FROM: Barron W. Johnson, MD
Name (Printed or typed)

1000 NW 130th Terrace
Address

Sunrise, FL 33323
City, State & Zip

954.845.0942
Daytime Telephone number

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:

BWJ MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1000 NW 130TH TERRACE, SUNRISE FL 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL ACTIVITIES PERMITTED IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED (100) SHARES @US\$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BARRON W. JOHNSON, MD (PRESIDENT)
1000 NW 130TH TERRACE, SUNRISE, FLORIDA 33323

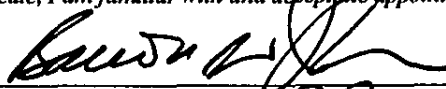
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
BARRON W. JOHNSON, MD., 1000 NW 130TH TERRACE, SUNRISE FLORIDA 33323

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
BARRON W. JOHNSON, MD., 1000 NW 130TH TERRACE, SUNRISE FLORIDA 33323

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

 MD

Signature/Registered Agent

10-22-2008

Date

 MD

Signature/Incorporator

10-22-2008

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA