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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Fax Number

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## FLORIDA PROFIT/NON PROFIT CORPORATIONS

amputation prevention institute of south florida, in

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## ARTICLES OF INCORPORATION

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2009 JUN -5

AMPUTATION PREVENTION INSTITUTE OF SOUTH FLORIDA, INCORETARY CALLAHASSEE.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

#### **ARTICLE I**

The name of this corporation shall be: AMPUTATION PREVENTION INSTITUTE OF SOUTH FLORIDA, INC.

#### ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

#### **ARTICLE III**

The principal place of business of this corporation: 20201 N.E. 21st AVENUE, NORTH MIAMI BEACH, FL 33179.

#### ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

#### **ARTICLE V**

The aggregate number of shares which this corporation shall have authority to issue is 100 shares of common stock with \$1.00 par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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#### **ARTICLE VI**

The name and street address of the initial Registered Agent of this corporation shall be: ABRAHAM WAGNER, 20201 N.E. 21<sup>st</sup> AVENUE, NORTH MIAMI BEACH, FL 33179.

#### **ARTICLE VII**

The name and address of the officers and board of directors shall be:

PRESIDENT ABRAHAM WAGNER

20201 N.E. 21st AVENUE NORTH MIAMI BEACH, FL 33179

#### **ARTICLE VIII**

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7<sup>TH</sup> PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 5th day of JUNE, 2009.

Ray Stormont Signing for

Empire Corporate Kit of America, Inc.

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

## AMPUTATION PREVENTION INSTITUTE OF SOUTH FLORIDA, INC.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

SECRETARY OF STATE OF THE TOTAL OF THE TOTAL