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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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SECRETARY OF STATE

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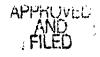


COVER LETTER

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

SUBJECT:	IVFMD - FLORIDA, INC.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l 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 CO	PY REQUIRED	
FROM:		. HOWARD, ESQ. e (Printed or typed)		
	1111 Lincoln Road Suite # 400 Address			
		Audiess		
	Miami Beach, FL 33139 / City, State & Zip			
	305-538-6361 Daytime Telephone number			
		A@AOL.COM	notification)	

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)

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ARTICLE I NAME

The name of the corporation shall be:

IVFMD - FLORIDA, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 1111 Lincoln Road, Suite # 400 Miami Beach, Florida 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Business and Investment

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):

Dr. Juergen Eisermann, President

Dr. Kathryn Eisermann-Rogers, Vice President and Secretary

ARTICLE VI REGISTERED AGENT

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

Eugene J. Howard, Esquire 1111 Lincoln Road, Suite # 400 Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eugene J. Howard, Esq. 1111 Lincoln Road, Suite # 400 Miami Beach, Fl 33139

*********************	***********
Having been named as registered agent to accept service of process fo	
place designated in this certificate, I am familiar with and accept the	appointment as registered agent and
agree to act in this capacity	
(20)/1	_
SOLAT .	8-17-09
	<u></u>

Signature/Registered Agent

Signature/Incorporator

Date 8-17-09

Date