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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : THE TAX MAN, INC.
Account Number : I19990000042
Phone : (561) 799-3810
Fax Number : (561) 799-1818

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
TAMMIE T. FESTA, R.N. P.A.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 10 AM 10:43

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ARTICLES OF INCORPORATION

OF

TAMMIE T. FESTA, R.N. P.A.

ARTICLE I

NAME

The name of this corporation is TAMMIE T. FESTA, R.N. P.A.

ARTICLE II

NATURE OF BUSINESS

This Corporation may engage in any business activity or business permitted under the laws of The United States and the State of Florida. She is licensed to be a registered nurse in the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) SHARES of common stock having \$1.00 par value.

ARTICLE IV

INITIAL CAPITAL

The amount of capital that this Corporation will begin with is FIVE HUNDRED (\$500.00) DOLLARS.

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ARTICLE V

TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The address in the State of Florida of the principle office of this Corporation is 13772 Ishnala Circle, Wellington, Florida, 33414, and the name of the initial registered agent at this address is Tammie Festa.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The Corporation shall have one (1) director initially. The number of directors may either be increased or diminished from time to time by the by-laws, but shall never be less than one.

ARTICLE VIII

INITIAL DIRECTORS

Tammie Festa

13772 Ishnala Circle
Wellington, FL, 33414

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ARTICLE IX

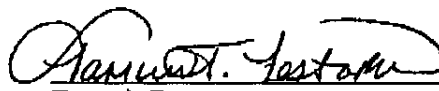
INCORPORATORS

The name and address of the person signing these articles of incorporation is:

Tammie Festa

13772 Ishnala Circle
Wellington, FL, 33414

IN WITNESS WHEREOF, the undersigned subscribers have executed these articles of incorporation this 10th Day of February, 2011.


Tammie Festa



STATE OF FLORIDA

COUNTY OF PALM BEACH

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, Tammie Festa, personally appeared, known by me to be the person who executed these articles of incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and official seal, in the state and county aforesaid, this 10th Day of February, 2011.

{SEAL}


Notary Public
 JAY B. FISCHER
MY COMMISSION # DD 969881
EXPIRES: April 16, 2014
Bonded Thru Budget Notary Services

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48,091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST— TAMMIE T. FESTA, R.N. P.A. DESIRES TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPLE PLACE OF BUSINESS AT THE CITY OF WELLINGTON, PALM BEACH COUNTY, STATE OF FLORIDA, HAS NAMED TAMMIE FESTA AT 13772 Ishnala Circle, WELLINGTON, STATE OF FLORIDA AS ITS AGENT TO ACCEPT PROCESS WITHIN FLORIDA.

SIGNED

TITLE PRESIDENTDATE 2/10/2011

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN ACCORDANCE WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNED

Tammie Festa
Resident AgentDATE 2/10/2011SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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