P1100004244

| (Requestor's Name) | | | | |
|-----------------------------------------|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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SECRETARY OF STATE JALLAHASSEE FLORIDA

MRD/3

COVER LETTER

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

| SUBJECT: J Fish, P.A. | | |
|--------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|
| (PROPOSED CORPORA | TE NAME – <u>MUST INCI</u> | LUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and | d a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate o Status |
| | ADDITIONAL CO | DPY REQUIRED |
| FROM: James Fish, D.O. | (Printed or typed) | |
| 33201 SW 210 Ave. | | |
| | ddress | |
| Homestead, FL 33034 City, | State & Zip | |
| 305.301.4569 Daytime To | elephone number | |
| jfish06@bellsouth.net E-mail address: (to be used | for future annual report | notification) |

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE II | PRINCIPAL OFFICE | | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------|
| | Principal street address | Mailing | address, if different is: |
| | 33201 SW 210 Ave. | | · . · |
| | Homestead, FL 33034 | | |
| ARTICLE III | PUDDOCE | | ······································ |
| | which the corporation is organized is: | | |
| Physician | _ | | 4.0 |
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| | | | ري بري بي |
| ARTICLE IV | SHARES | | ET ET |
| The number of sl | nares of stock is:100 | | - T |
| ADTICI E U | SHARES nares of stock is:100 INITIAL OFFICERS AND/OR DIRECTION Title: James Fish, DO 33201 SW 210 Ave. Homestead, El. 33034 | TODE | ي ا |
| Name and | Title: James Fish DO | Name and Title: | · |
| Address: | 33201 SW 210 Ave. | Address: | • |
| | Homestead, FL 33034 | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| Nama and | Title: | Name and Title | |
| Address: | Title. | Address: | |
| | | | |
| | | | |
| | | | |
| Name and Address: | Title: | | |
| Address: | | | |
| | | | |
| ADDICE D III | | | |
| | REGISTERED AGENT lorida street address (P.O. Box NOT acceptal | ola) of the registered agent is: | |
| Name: | James Fish, DO | | |
| Address: | 33201 SW 210 Ave. | | |
| | Homestead, FL 33034 | | |
| ADDICE D III | · | | |
| | INCORPORATOR Idress of the Incorporator is: | | |
| • | James Fish DO | | |
| Address: | 33201 SW 210 Ave | | |
| | Homestead, FL 33034 | | |
| ** | • | | |
| | ned as registered agent to accept service of p am familiar with and accept the appointment of | | |
| ms cernyicute, t | am jurandy wan und accept the appointment | is registered ugent und ugree to | uci in inis capacity |
| | 1 John Tou | es Fish, D.o. | 04/29/2011 |
| | Required Signature/Registered Agen | <u>es (187,0.0.</u> | |
| | Required Signature Registered Agen | L | Date |
| I submit this doc | cument and affirm that the facts stated herei | n are true. I am aware that th | e false information su |
| | Department of State constitutes a third degree | | |
| | (10) | | |
| | Required Signature/Incorporator | es Fish, D.O. | 04/29/2011 |
| | Required Signature/Incorporator | | Dat |